



ALASKA NATIVE ATTACHMENT:
A QUALITATIVE STUDY
WITH
FOUR ATHABASCAN PARTICIPANTS

By

Lester R. Keller Jr.

RECOMMENDED: Cécile Gordon

Theresa Ann Fox

James Allen

Advisory Committee Chair

Wendell Morris

Chair, Department of Psychology

APPROVED: [Signature]

Dean, College of Liberal Arts

[Signature]

Dean of the Graduate School

6-17-03

Date

ALASKA NATIVE ATTACHMENT: A QUALITATIVE STUDY
WITH FOUR ATHABASCAN PARTICIPANTS

A
THESIS

Presented to the Faculty
of the University of Alaska Fairbanks
in Partial Fulfillment of the Requirements
for the Degree of

MASTER OF ARTS

By

Lester R. Keller Jr.

Fairbanks, Alaska

August 2003

ALASKA
BF
723
A75
K45
2003

Abstract

Attachment between caregiver and child is an affectional, nurturing bond that develops through the provision of sensitive, constantly available, and responsive care for the child. The attachment bond evolves around diverse interactive experiences that encourage the development of cognitive-emotional schemata and the internalization of a cognitive-emotional working model of relationships. Different cultural experiences encourage the development of different cognitive-emotional schemata. Using a semi-structured interview, behavior, values, and the developmental endpoint associated with attachment was collaboratively explored with four Athabascan research participants, and concepts that emerged were compared and contrasted with those articulated by mainstream attachment theory within Western psychology. Attachment domains that emerged from triangulated interview data were (1) caregiver sensitivity, (2) trust development, (3) exploring, and (4) social competence. In mainstream attachment theory, one caregiver is the primary secure base for a child. Athabascan primary caregivers were a component of a larger community-wide secure base that included important secondary caregivers within a large kinship structure. In mainstream attachment theory, Western cultural values guide a social attachment process toward autonomy and self-direction for the individual. Athabascan community encourages values such as sharing of materials and community solidarity; an endpoint to the attachment process is instead social competence.

Table of Contents

Signature Page.....	i
Title Page.....	ii
Abstract.....	iii
Table of Contents.....	iv
List of Figures.....	vii
List of Appendices.....	viii
Introduction.....	1
Literature Review.....	5
Operational Definitions - Theories for Attachment Development.....	5
Psychodynamic Theory.....	5
Social Learning Theory.....	5
Attachment Theory.....	6
Piaget's Principles of Cognitive Development Attachment.....	6
Attachment Development.....	8
Attachment Behavior Characteristics.....	13
Secure Attachment Developmental Phases.....	16
Attachment Developmental Phases Proposed by John Bowlby.....	16
Attachment Developmental Phases Proposed by E. Waters, et al.....	18
Connectiveness and Attachment.....	27
Attachment and Cultural Context.....	30
Intergenerational Aspects of Attachment.....	32

Insecure Attachment Development.....	35
Etiology.....	35
Separation Anxiety.....	37
Insecure attachments: consequences.....	41
Insecure-avoidant children.....	41
Insecure-ambivalent children.....	42
Insecure-anxious children.....	42
Disorganized-disordered children.....	43
Effect of Parental Abuse and Neglect on Attachment.....	44
Attachment Disorders.....	47
Anxious Attachment Disorder.....	48
Avoidant Attachment Disorder.....	49
Ambivalent Attachment Disorder.....	50
Disorganized Attachment Disorder.....	51
Literature Review Summary.....	52
Research Questions.....	55
Methods.....	55
Participant Criteria.....	55
Participant Descriptions.....	56
Procedure.....	57
Data Analysis.....	59
Methods for Verification.....	61

Findings.....	63
Caregiver Sensitivity.....	65
Trust Development.....	69
Exploring.....	73
Social Competence.....	74
Discussion.....	76
Social Competence as an Outcome of Attachment.....	77
Secondary Caregivers.....	77
Attachment Development.....	78
Trust Development.....	79
Belongingness.....	79
Cognitive-Emotional Equilibrium as a Means of Instilling Values.....	80
Limitations.....	82
Suggestions for Future Research.....	83
Conclusions.....	84
References.....	86

List of Figures

Figure 1: An Athabascan Attachment Process.....	64
Figure 2: Social Competence Domains.....	66

List of Appendices

Appendices	91
Appendix A: Jean Piaget's Stages of Cognitive Development	92
Appendix B: Interview Questions	93
Appendix C: Response to IRB Criteria	96
Appendix D: Letter of Introduction to Research Participant	98
Appendix E: Consent to Participate Form	99

Intimate attachments to other human beings are the hub around which a person's life revolves, not only when he is an infant or a toddler or a schoolchild but throughout his adolescence and his years of maturity as well, and on to old age. From these intimate attachments a person draws his strength and enjoyment of life and through what he contributes, he gives strength and enjoyment to others.

Bowlby, 1980

Introduction

Attachment between mother and child is an affectional, nurturing bond that develops with the provision of sensitive, constantly available, and responsive care for the child. Reducing physiological tension for an infant in a timely manner socializes the child to learn what behavioral signal is appropriate to send to the primary caregiver when hungry, in pain, or needing soothing. This learned behavior has the “predictable outcome of keeping [or bringing] ... a principal caregiver” near or to an infant (Ainsworth, 1989).

With the infant's physiological and cognitive growth, the attachment bond evolves. Developed from many and diverse interactive experiences are internalized cognitive-emotional schemata which coalesce into an internal cognitive-emotional working model. In 1969, John Bowlby proposed a four phase control model of development based on repeated experiences between parents and child. Formed is a felt sense of security. In 1994, Waters, Posada, Crowell, and Lay proposed an eight phase working model of development that states attachment begins at birth and continues to develop through young adulthood.

Used to describe attachment are three theories: (a) psychodynamic theory and its tension reduction, (b) social learning theory for which the primary caregivers and secondary caregivers are viewed as teachers (Richters, 1991), and (c) attachment theory (Goldberg, 1993). Jean Piaget's principles of (a) cognitive development, (b) cognitive organization, (c) adaptation, (d) accommodation, and (e) equilibration give insights on internal cognitive-emotional schemata development (Papalia, 1992).

Characteristics describing attachment behaviors include: (a) specificity, (b) duration, (c) engagement of emotion, (d) ontogeny, (e) learning, (f) organization, and (f) biological function (Bowlby, 1979).

Cognitive development is encouraged when a child's contextually derived and physiologically derived anxiety is attended to by a caregiver. Close caregiver proximity reduces this psychological tension and encourages the young to explore and familiarize themselves with, thus learn about, their environment (Bowlby, 1969).

Development of attachment within the family is the root structure for the socialization experience. Caregivers external to the family are secondary caregivers and help form identity and belongingness to a community. The developed and, also, continually developing secondary attachment bonds encourage the felt sense of security (Pietromonaco, 1997), make more concretely felt the enduring presence and care of the primary caregiver, and encourage the formation of secure attachments (Maier, 1993).

Developed social interactions are influenced by cultural personality. "Shared meaning systems ... [influence] [a] child rearing practices, [b] socialization goals, [c] environmental variables, and [d] developmental outcomes" (Waters, 1998) within a

collective culture. Subsistence group activities, i.e. hunting and gathering, goals are more likely to be reached if individuals develop communal values by forming a "cooperative enterprise" (Ainsworth, 1989).

Memories, feelings, and expectations that parents acquired from previous life experiences influence and form their child's conduct. If life experiences with their own parents were negative, their negatively affected conduct may be intergenerationally passed on to their own children (Schneider, 1991) and may result in child neglect or abuse.

Attachment to a primary caregiver provides security that encourages learning prosocial behaviors. When this security is damaged or removed by anxiety, abuse, or neglect an attachment disorder may form. As a result, prosocial behavior learning process is retarded. Understanding the attachment process is the basis for understanding developed attachment anxieties and disorders.

If provided care for an infant/child is not sensitive, available, or responsive and if neglect and/or abuse are experienced, there is a very strong possibility insecure attachments will develop from resultant anxieties, one of which is separation anxiety. The insecure attachment types are (a) insecure-avoidant (Goldberg, 1993), (b) insecure-ambivalent (Maier, 1994), (c) insecure-anxious (James, 1994) and (d) disorganized-disoriented (Goldberg, 1993).

Attachment disorders develop when at the early age of 12-24 months, a child through some extraordinary event decided life was haphazard and deadly. To feel safe, the child needed to take total control of every event and relationship. Asocial and

antisocial behaviors developed which ensured all relationships from that point would be brief and beneficial mainly to the attachment disordered child (Randolph, 1997).

Literature Review

Operational Definitions

Three theories are used when describing attachment and attachment theory are psychoanalytic theory, social learning theory, and Bowlby's attachment theory.

Psychodynamic Theory

Psychoanalytic theory emphasizes the primary caregiver's role of reducing psychological tension (Goldberg, 1993). Freud focused on an infant's tension reduction and the mother-child love relationship as, without parallel, the strongest bond throughout life and as the model of love it portrays in future relationships. This cognitive-emotional model serves as a motivational tool for much prosocial and antisocial behavior throughout life (Richters, 1991), including attachment behaviors.

Social Learning Theory

Social learning theory emphasizes the caregiver's role of instructor. Attachment theory focuses on the primary caregiver's role as guardian and provider of security (Goldberg, 1993). Developed from experiences between caregiver and infant are internalized cognitive-emotional-behavioral working models that influence response to internal and external affectional stimuli, with keeping primary caregiver in predictable proximity (Ainsworth, 1989).

Social learning theorists maintain reinforced behavior is learned behavior (Rathus, 1993). Stimulus-Response connections are developed by experiences between parent and child with early and strong parental influence. Secure attachment relationships and prosocial cognitive and behavioral development "are due primarily to consistency across

time in parental child-rearing practices and other environmental contingencies" (Richters, 1991).

Attachment Theory

In his model of attachment theory, Bowlby stated children develop cognitive-emotional-behavioral working models of attachment in four (4) ideally portrayed developmental stages based on frequent and systematic experiences with parents that integrate with expectations of and adaptations of the care-giving environment (Waters, 1994). In her 1993 article "Early Attachment; A Passing Fancy or a Long Term Affair", Susan Goldberg also states children are active participants in their attachment development.

With another model of attachment theory, Waters et al. propose an eight (8) stage attachment outline showing relationship development as part of a more comprehensive range of cognitive and social progression. Stated is development of attachment continues through adolescence, young adulthood, and adulthood when realizing "how to love, to monitor, reassure, comfort, and support" (Waters, 1994) another person. As parents, they are then able to develop attachment relationships with their own children by being a secure base.

Piaget's Principles of Cognitive Development Attachment

Jean Piaget's cognitive development stages each include the qualities of (a) organization, (b) adaptation, (c) assimilation, (d) accommodation, and (e) equilibration (Papalia, 1992). At all stages of development, one tries to make sense of his experiences and environment. Humans have a predisposition for cognitive organization. Cognitive-

emotional systems (schemata) are created to coalesce and align all experiential knowledge of one's environment (Papalia, 1992).

As more experiences are acquired, cognitive organization adapts to facilitate more complex integration into previously developed schemata, assimilating the experiences into similar existing cognitive systems. This cognitive adaptation processes information and life experiences and integrates them through an accommodating, and aligning, change in a person's cognitive-emotional schemata (Papalia, 1992).

Children strive for mental equilibrium between themselves and their social and physical environments. The need for equilibrium encourages a child to "shift from accommodation to assimilation" (Papalia, 1992, 33). When information or experience cannot be fitted within an existing cognitive-emotional system, a new mental pattern is created. Thus, mental equilibrium is maintained (Papalia, 1992).

Attachment Development

The very first attachment to the mother is when the developing cell attaches to the womb. There it is fed, nurtured by hormone's and other nutrients, bathed, protected ... it grows with a well-defined genetic blueprint to best suit human survival when born. After the birthing process development continues, a relational union to ensure continued development physically, cognitively, and, now, socially begins replacing the severed umbilical connection. Humans evolved to elicit a nurturing response, this is normally a first response from mother to baby. "Conclusions resulting from hundreds of replicable studies [state] that the infant is relational from birth and the relational patterns reside in the mother-child dyad" (Schneider, 1991).

A mother's love and nurturing develop an influential and ever-increasing set of tension-reducing and goal-correcting attachment behaviors which are both emitted and elicited by child and caregiver during Piaget's sensorimotor development stage (see Appendix for Piaget's Stages of Development), ideally from birth to about two years. Children cognitively store, process, and utilize information about events and objects that they see, hear, smell, taste and touch (James, 1994; Randolph).

These sensed stimuli create an attachment that is complementary, that can persevere through tests, and that is emotionally and physically affiliated between children and their primary caregiver (James, 1994). Between the ages two (2) through seven (7) years old, Piaget's pre-operational stage (see Appendix for Piaget's stages of development), these attachment stimuli and memories are stored corresponding to events that coincide with them (Randolph).

This developed primary caregiver-child dyadic relationship provides for physical, cognitive, emotional, and social needs for the child (Goldberg, 1993; James, 1994) and allows caregivers to meet their own social need to provide ongoing care for a fellow human. The infant human develops and, also, actively encourages the caregiver to develop socially. Through this primary attachment the caregiver becomes the protector, provider, and guide (James, 1994). Provided is a felt sense of security (Pietromonaco, 1997) by the caregiver's constant availability and responsiveness (Pietromonaco, 1997; Schneider, 1991).

The attachment relationship forms a cognitive-emotional "internal working model ... that consist[s] of generalized expectations, beliefs, and goals about the self, others," (Pietromonaco, 1997) and the social relationship developed by two people. A developed qualitative cognitive map guides people as they experience, interpret, and react to social events. A child develops an ability to use this cognitive map to anticipate and prepare for series of future events and to guide one's thoughts, emotions, and actions in interpersonal verbal and non-verbal communications (Pietromonaco, 1997).

Though children form attachments with other caregivers as they grow and mature socially, these attachments are secondary to their mother's - the most common primary caregiver. When in need of care or reassurance, the primary caregiver is sought to provide the necessary protection from cognitive, emotional, or physical threat (Ainsworth, 1989, Pietromonaco, 1997). This felt sense of security enables children to respond with appropriate affect to environmental stimuli and to relate to other humans with appropriate behavior (Pietromonaco, 1997).

Social interaction encourages the formulation of a social self and identity, a realization of individuality, and the formulation of personality (Schneider, 1991). Healthy social interaction encourages the development of a secure social base, from which children experiment with and explore their physical and social environments (Bowlby, 1979; James, 1994; Rathus, 1993). They actively interact with people other than the primary caregiver forming more social connections (Schneider, 1991).

A responsive mother stimulates a "young child's time sense and ego functions of memory and [social] orientation ... [by] introducing routine and regularity in her" (Scherick, 1983) interactions with the child. After age six (6) or seven (7), memories are internalized (stored and processed) temporally (Randolph), further increasing the child's sense of self (ego) and conscience (super-ego) and their sense of environmental and cultural efficacy.

By selectively monitoring the secure base a child explores further, finally realizing the secure base is available when called for or will surely return in a short period. Distress cues, i.e. the absence of, departing of, or returning of the attachment figure, or "rejection due to the figure's lack of responsiveness... hunger, pain, illness, cold, or fatigue" (Schneider, 1991), prompt an insecure child to send a signal for the primary caregiver to respond with tension-reducing warmth and caring. Positive response to the child's signals, i.e. "clinging, crying, smiling, monitoring caregivers" (Levy, 1998) or "calling" (Schneider, 1991), creates a satisfying and sensitive emotional sharing and communicative interchange. These encourage the early development of socially adaptive cognitive coping skills that "help individuals make appropriate daily life

decisions" (Schneider, 1991).

This developed interactive attachment behavior is predictive, perceived as and is protective and comforting during a child's stressful moments, and encourages dyadic social learning processes. Development as the primary caregiver is founded on intimacy, availability, sensitive reaction to a child's needs, and dependability (Levy, 1998). These characteristics develop the interactive attachment behaviors into timely, biologically scheduled, and emotionally responsive daily events. The emitting and eliciting of thoughts, emotions (affections), and physical reactions between two people can resemble a conditioned, nurturing, and bonding dance ... a "dance of development" (James, 1994), with each person influencing the other.

The mood of either attachment- developing participant, availability of attachment figure, awareness to signals of a child's stress and attachment response given by a caregiver, and the interest of a child and caregiver all fluctuate individually and culturally. All these qualities affect a child's motor, social, emotional, and cognitive development. The creation of love and secure attachment within the mother-child dyad is with gratifying "stimulation, interest, pleasure, delight, and satisfaction" (James, 1994) and requires rhythm (Sherick, 1983). These are all characteristics essential for the child to thrive and survive (Sherick, 1983) in a challenging social environment.

To thrive and survive means children learn they are (a) lovable, (b) effective in affecting some influence in the environment, (c) develop the capacity to trust, (d) sensitively give and receive emotion, (e) able to cope with disappointment, (f) develop cause and effect conceptions, and (g) beginning to create a conscience (Pickle). Adults

with a well-developed secure attachment style are content with their intimacy and self-reliance and, also, continually seek their cognitive-emotional balance (Pietromonaco, 1997).

Attachment behavior characteristics

John Bowlby (1979) states, in his *The Making & Breaking of Affectional Bonds*, that the following properties encourage understanding attachment theory and its characteristic of proximity keeping.

(a) Specificity. Attachment behavior is specific between a child and a primary caregiver and a few secondary caregivers (Bowlby, 1979).

(b) Duration. The phenomena of attachment is part of the life cycle development. During adolescence, individual peer attachments grow in strength. Attachments between individuals developed early in life may stretch thin but are not easily ignored or discarded (Bowlby, 1979).

(c) Engagement of Emotion. Many of the most dynamic emotions emerge during the development of, the maintenance of, the disturbing of, and the rekindling of attachment relationships. Emotions for bond formation include: "falling in love, maintaining a bond as loving someone, and losing a partner as grieving over someone. ... Threat of loss [causes] anxiety and actual loss [causes] sorrow" (Bowlby, 1979). These situations can very likely cause resentment. While security is encouraged by uncontested bond maintenance, joy is encouraged by bond renewal. These emotions reflect the condition of one's affectional bonds. Thus, the "psychology and psychopathology of emotion is ... in large part the psychology and psychopathology of affectional bonds" (Bowlby, 1979).

(d) Ontogeny. The largest majority of infants develop attachment behaviors during their first nine months. If most social interactions experienced by an infant are

with one person, it is most likely the child will form an attachment with that person as the primary attachment figure. Attachment behaviors are easily activated until near the child's third birthday. Healthy attachment development and associated behaviors normally become less easily energized thereafter (Bowlby, 1979).

(e) Learning. Learning to discern the familiar from the unfamiliar is an important process in attachment development. Important also is an attachment can form in spite of "repeated punishment from the attachment figure" (Bowlby, 1979).

(f) Organization. Immediately after birth, attachment behaviors are responses to physical needs. Behaviors become more complex during the first year and the brain cognitive-emotional schemata expand and other people's behaviors are incorporated to elicit response from and to respond to dynamic and changing environmental stimuli. Certain conditions encourage one's response to stimulus, while other conditions relax or terminate the stimulus response. Attachment behavior encouraging stimuli include "strangeness, hunger, fatigue, and anything frightening" (Bowlby, 1979). Conditions that relax or terminate the stimulus "include sight or sound of the mother-figure, and ... happy interaction with her" (Bowlby, 1979). When a child is soothed, it then has the security to explore and learn about his immediate physical and social surroundings (Bowlby, 1979).

(g) Biological function. Attachment behavior develops in young mammals, and in some mammals it is present throughout adult life. Maintenance of close proximity to a preferred adult by a child, almost always their mother, suggests attachment behavior is important for survival. Attachment behavior ensures safety from predators (Bowlby, 1979).

These characteristics show attachment behavior is as necessary as and as distinct from "feeding behavior and sexual behavior and of at least an equal significance in human life" (Bowlby, 1979). Healthy attachment behaviors elicit no pathological behaviors and, indeed, encourage the survival of the human species (Bowlby, 1979).

Attachment characteristics across cultures should remain the same, but may be emphasized at different levels and communicated in different fashions. The Athabascan culture is a collective culture, while the mainstream Western culture is an independent culture.

Secure Attachment Developmental Phases

Attachment Developmental Phases Proposed by John Bowlby

In John Bowlby's 1969 *Attachment, Volume I*, he delineated an ideal "developmental course of attachment and underlying control system in terms of four stages" (Waters, 1994). They are: "Phase 1: Orientation and Signals without Discrimination of Figure ... Phase 2: Orientation and Signals Directed towards One (or More) Discriminated Figures(s) ... Phase 3: Maintenance of Proximity to a Discriminated Figure by means of Locomotion as well as Signals ... Phase 4: Formation of a Goal-corrected Partnership" (Bowlby, 1969).

"Phase 1: Orientation and signals without discrimination of figure" (Bowlby, 1969). An infant orients towards people, but has a limited ability to discriminate identity. Stimuli used to discriminate people may only be done with sound or taste. Orientation behaviors include "tracking movements of the eyes, grasping and reaching, smiling and babbling" (Bowlby, 1969). A child may stop crying when hearing a familiar voice. The period of this phase is from birth to eight to about twelve weeks; however, it may last much longer in an adverse situation (Bowlby, 1969).

"Phase 2: Orientation and signals directed towards one (or more) discriminated figures" (Bowlby, 1969). An infant behaves towards people much the same way as in Phase I, but now orients more towards the primary caregiver. This phase is from between eight to twelve weeks and lasts until the infant is about six-months-old, or much later if adverse circumstances dictate (Bowlby, 1969).

"Phase 3: Maintenance of proximity to a discriminated figure by means of

locomotion as well as signals" (Bowlby, 1969). It is readily apparent an infant has developed an attachment to the mother-figure. The child is increasingly discriminating in behaviors towards people and has now increased behaviors "to include following a departing mother, greeting her on her return, and using her as a [secure] base from which to explore" (Bowlby, 1969). Some people become secondary attachment figures and a child's sociable and seemingly undifferentiating responses to everyone else withdraw. Strangers are treated with caution and may later evoke fear and withdrawal in a child (Bowlby, 1969).

Some of the child's behavioral and cognitive organization becomes goal-oriented when interacting with the primary caregiver. This phase usually starts at between six to seven months of age, but could be arrested until after the first birthday, especially if an infant has had little interaction with a primary figure. It normally continues through the second birthday and probably into the third (Bowlby, 1969).

"Phase 4: Formation of a goal-oriented partnership" (Bowlby, 1969). The mother-figure becomes understood as "an independent object, persistent in time and space and moving more or less predictably in a space-time continuum" (Bowlby, 1969). A child knows and trusts that when his mother leaves, she will return. Also developed is an understanding of the mother's feelings and her motives for responding a certain way to environmental stimulus. The relationship is now complex ... the "dance of development" has intricacies (Bowlby, 1969).

Attachment Developmental Phases as Proposed by Everett Waters, et.al. in 1994.

Waters, Posada, Crowell, and Lay (1994), present the attachment relationship with the quality of having a more detailed capacity for development than does John Bowlby. Described within these eight phases is a working model of attachment that is a "part of a broader spectrum of cognitive and social advances" (Waters et al., 1994) than which John Bowlby presented.

Stated is that attachment development continues after infancy and both the "organization and consistency of secure base behavior improve throughout early childhood and there are important differences in modes of secure base behavior in infancy, childhood, and adulthood" (Waters et al., 1994).

The eight attachment developmental phases presented are: "(1) early dyadic interaction, (2) the first social object, (3) emergence of the self-other distinction, (4) onset of secure base behavior in infancy, (5) decline of separation protest, (6) consolidation of secure base behavior in early childhood, (7) an extended period in which a partnership develops around the task of maintaining communication and supervision once the child begins to be independent, and (8) the transfer of secure base behavior from parents to a special partner/peer, in which the partners have a reciprocal secure base relationship" (Waters et al., 1994).

"Phase 1: From Interaction to Familiarity and Preference" (Waters et al., 1994). During interactions and constant care, the infant secures sensorimotor intimacy with one and, possibly, a few caregivers. Constant and harmonious interactions and caregiving cognitively develops predictable sensorimotor behavior within an infant. The routine of

caregiving interactions encourages formation of expectations and temporal development. From the developed caregiving routine and expectations, comes preference. The infant learns to prefer a caregiver, a food, an interaction (Waters et al., 1994), a car ride.

"Phase 2: Mother as the Intersection of Sensorimotor Schemes" (Waters et al., 1994). Cognitive and sensorimotor routine, expectations, and preference lead into recognition of which particular persons and objects give reward for "practicing particular action patterns" (Waters et al., 1994). As the rhythmic interaction becomes more coordinated between caregiver(s) and infant, the infant becomes more discriminating. Primary and secondary caregivers become identified and distinct with actions performed and associated with them (Waters et al. 1994).

The primary caregiver is the most attentive person, thus is with whom most sensorimotor activity is practiced. Normally, the mother is the primary caregiver and is who most readily recognizes infant signals, chooses responses, and delivers them in a sensitive and timely manner. Coordinating sensorimotor activities for the infant encourages bringing together links from one moment's activity to the next. The responsive and sensitive mother encourages cognitive-emotional and sensorimotor development by coordinating her and her child's activities together. (The opposite would be interfering with development by not being sensitive and responsive to the child's signals.) During early attachment development this caregiving person becomes recognized as the first object external to the infant (Waters et al., 1994).

Throughout infancy and early childhood, this developed process continues influencing the mother-and-child interactions. Coordinating and anticipating her child's

behavior and accommodating the child's needs, the mother provides organization that is eventually internalized into the "infant's sensorimotor schemata and the first conceptual categories," (Waters et al., 1994) the internal cognitive-emotional working model.

"Phase 3: Reflection of the Mother Scheme: Self as Object" (Waters et al., 1994). Recognizing the mother as an independent object that has bridged her activities with those of his, encourages the child to recognize (egocentrically) "*I am the common element that ties her behavior together across these contexts and behaviors*" (Waters et al., 1994). During the next few months reflecting on the mother as an independent object, the infant realizes itself further as a being within a social activity. This becomes apparent in "mirror self-recognition tests" (Waters et al., 1994).

"Phase 4: Initiation of Secure Base Behavior" (Waters et al., 1994). Bowlby's attachment model states "secure base behavior is evident in most infants by 12 months" (Ainsworth et al., 1971, 1978; Waters, 1994). Elementary secure base behaviors appear within a few days or a few weeks of the first crawling experience. Because children develop at different rates, Waters et al. believe the secure base developmental boundaries should be drawn wider than the boundaries of the four phase model proposed by John Bowlby (Waters, 1994).

Because the secure base behaviors appear very soon after locomotion ability, it would appear basic cognitive-emotional constructs (schemata) would be available, even elementally organized, before free crawling. Types of elementary cognitive constructs probably available would be: "knowledge of the spatial layout of the home, expectations about mother's typical behavior and her responsiveness to infant signals, and at least

some ideas about using her as a resource when interacting with interesting toys and objects" (Waters et al., 1994).

Throughout infancy, the caregiver continues to provide and to help organize information about secure base behavior. The child learns (and is taught by the primary caregiver) the key to security revolves around its interactions with the mother. Distance from, accessibility to, and responsiveness from the caregiver all interact to affect the equilibrium of the child's emotional security. When disharmony exists, "interaction, proximity, and contact" (Waters et al., 1994) with the caregiver reestablish the child's harmonic nature.

Qualities positively influencing secure behaviors are maternal sensitivity, cooperation, availability, and acceptance. Negative influences include "rejection in feeding, bathing, and other close interactions" (Waters et al., 1994). Mothers who allowed their infants to use them as a secure base "supervised them closely and consistently, were persistent in care giving, and were willing and powerful enough to defend them if they came into conflict with juveniles or other adults" (Waters et al., 1994).

"Phase 5: The Decline of Separation Protest" (Waters et al., 1994). Most research states this phase lies between 12 and 30 months of age, however Waters et al. will not suggest any stage begins or ends characteristically. It is important to note that though separation protest declines, attachment between mother and child does not lose any strength. The mechanisms of cognitive development and experience that phase out separation protest quite naturally lead secure base behaviors to coalesce (Waters et al.,

1994).

"Phase 6: Consolidating Secure Base Behavior" (Waters et al., 1994). As observed in naturalistic settings, secure base behaviors are not very well systematized or enduring in 12 month old infants. As the child gets older, the cognitive-emotional working model becomes more well-defined. Patterns of secure base behavior grow and become more organized. Children learn to use their mother as base of operations from which to explore surroundings, objects, and test interactions (Waters et al., 1994).

"Relevant [cognitive and sensorimotor] mechanisms are likely to include practice, operant learning, and improved locomotion" (Waters et al., 1994). Increasing familiarity and confidence with "abilities and limitations, caregiver behavior, and facets of increasingly diverse environments" (Waters et al., 1994) encourages exploratory behaviors. Noting that cognitive and sensorimotor mechanisms need to be learned, and taught, a sensitive caregiver realizes formation of and integration of attachment behaviors takes time. Time is needed for the continuing growth and maintenance of the internal cognitive-emotional working model on which attachment relationships are built (Waters et al., 1994).

"Phase 7: A Supervision Partnership" (Waters et al., 1994). During infancy and early childhood, primary caregivers are primarily responsible for controlling the supervision level of a child's behavior. The quality of, sensitivity of, and parental responsiveness to a child's early attachment relationship may impress his willingness and wish to participate at different levels of a later supervised goal-corrected relationship. The early attachment experiences help one in middle childhood (6-16 year old) interpret

goals of a supervised partnership despite the confines egocentricism places on "social cognition and cooperation" (Waters et al., 1994).

At middle childhood, at child is able to enter into an extended range of binding exchange agreements with adults. These contracts as "relationships are optional and essentially economic: they allow child and adult to satisfy their differing needs and goals by exchanging material or behavioral assets of comparable worth" (Waters et al., 1994).

Within these types of agreements, parent and child share the objective of maintaining a level of trusting supervision and interaction while the child is away from evident parental supervision for extended periods. Supervision by agreement is an extension of the parent's role as guide; this balances responsibility for behavior more evenly between parent and child. The child has a responsibility to maintain behaviors within limits set by the parent, or negotiate changes in advance. A contract of this type must include "arrangements for a mode of communication, a set of contingency plans, or alternative supervision when the parent is away" (Waters et al., 1994).

Important to this type of behavior control and learning and teaching process is "the parent's initiative and consistency, and the child's willingness to participate" (Kubak et al. 1993; Marvin and Greenberg 1982; Steinberg 1990; Waters et al., 1994).

Types of agreements can include: babysitting, sharing methods of transportation, and a division of household duties. Payments may be in the form of extended privileges, further instruction in other privileges (ie. car driving), or cash or token economy (Waters et al., 1994).

"Phase 8: Becoming a Secure Base: Peer Partnerships" (Waters et al., 1994). The

supervisory relationship between parent and child validate Bowlby's insight into a goal-corrected partnership. Waters et al. (1994) "hypothesize that the supervision partnership with the parents is a precursor to" the child learning to become a secure base when they begin to understand and cooperate with the parent's role as a secure base.

This last step in the attachment development process is learning to be a secure base. And though the adolescent and young adult has "learned *to* love, most [yet] have a great deal to learn about *how* to love" (Waters et al., 1994). These developments often involve a peer in a peer-peer reciprocal relationship. Developing in steps, and with practice, each partner learns to be a secure base for the other and "must be able to use the other as a secure base, that is, learn how to love, to monitor, reassure, comfort, and support the other" (Waters et al., 1994).

The peer-peer relationship secure-base-learning process requires practicing "proximity seeking, use of the peer as a safe haven, and finally evolving to the most complex and demanding skills of being a secure base" (Waters et al., 1994). With the integration of learned attachment mechanisms and the process of loving and care for another person at an equal level, the independent "young adult is presumably ready to begin the attachment cycle again with his or her own child" (Waters et al., 1994).

Emphasized in the Waters et al. eight phase model is the child's social learning process with exposure to regular and progressively more involved attachment experiences with primary caregivers and other family and community members. This working model of behavior requires learning and development of appropriate cognitive and emotional schemata for response during social interactions. In Rural Interior Alaska, as in any

Alaska Native village, a major population of Athabascan village residents can be related as cousins and in-laws. The entire Alaska Native village has spiritual and social investment in raising the village's children (Napoleon, 1996). Interactive secure or insecure attachment building between two community members can positively or negatively affect many other community members.

Sensorimotor tension reduction and intra- and interpersonal cognitive-emotional dynamics are engines that drive the process of incorporation of "children's expectations of and adaptation to the caregiving environment" (Waters et al., 1994). Driven is the development from sensorimotor and secure base behaviors to representational thought about social relationships.

Attachment-related and other social experiences are organized into thought patterns and, also, incorporated within developed thought patterns and categories such that "expectations about [one]self and about the primary caregiver" (Waters et al., 1994) result intuitively. Specific expectations and diverse experiences become composites of cognitive categories and thought patterns that develop into more global expectancies. The "functioning of [attachment] behavior between two individuals across time" (Waters, 1981) encourages sensitive behavioral "consistency and responsiveness" (Waters et al., 1994) when used to respond to new social situations.

By early childhood, a wide range of experiences and expectations about the child's own behavior and the expected behavior of others has encouraged growth of cognitive abilities. This is too early to expect a global cognitive working model to present itself to specific social situations. During middle childhood, having had more diverse

experiences and further cognitive development make it possible to "make isolated causal analyses of specific expectations or experience" (Waters et al., 1994).

Piaget's formal operations stage (see Appendix) is a thought to be prerequisite to having a well-defined cognitive-emotional working model. Early adolescence generally marks this developmental stage. When "trying to understand the unexpected or unfamiliar ... [or to respond] to important experiences that are outside previous experience," consistency is becoming a characteristic of the child's internal cognitive-emotional working model (Waters et al., 1994). At this stage, the adolescent is learning how to become a secure base. The adolescent is learning "how to love, to monitor, reassure, comfort, and support the other" (Waters et al., 1994).

Connectiveness and Attachment

Development of individual attachments is the basis for formation of Athabaskan family and community social fabric. The strength and competence (Goldberg, 1993) of attachment are qualitative and quantitative measures of the social connectedness of a developing child. Forming, developing, the social interactive and reciprocal process (Maier, 1994) within other-than-primary relationships inside the family and community further the opportunity to thrive by ensuring there are "alternate forms of care provision" (Maier, 1994).

Developed social networks are perceived as models for support. Social support can neutralize life stressors, which will also strengthen one's immune system. In recent years, much has been learned about the "cognitive processes that may mediate the effect of support on well-being" (Davis, 1998). The perceived methods of social support have become areas of research, which has furthered development of counseling therapy.

The interactive, reciprocal process of attachment continues to develop and correct an internal working cognitive-emotional model. Generalized expectations of, beliefs of, and perceived goals for the self and other community members guide perceptions, interpretations, and responses to social interaction (Pietromonaco, 1997). These internalized cognitive-emotional working model components constitute and guide the developmental process of social connectiveness (Maier, 1994).

Social connectiveness gives assurances of a primary caregiver's enduring presence

and care though the two who have the developed primary attachment are not within each other's immediate proximity. The sense of secure attachment is encouraged to endure time and distance within and through other affiliations and alliances who are available and sensitively responsive (Maier, 1994).

These global perceptions of social interchange encourage one to realize the structure of the social fabric and one's placement within it. Realized with social experiences is, like other community members, that one has a developed a sense of independence. With the sense of independence and the emerging conscience, a person realizes a sense of self (Maier, 1994). Internalizing a community's values gives social direction, encouraging belongingness. Belonging to a group fosters a sense of being protected.

Common to all attachments is its development around "behavioral encounters, charged with the effect of sensitive mutual emotionality" (Maier, 1994). These connecting social interactions encourage healthy, mutually satisfying social learning and emotional access to individual and group interactions. Supportive interactions and social experiences encourage thriving social functioning, developing close connections and rootedness throughout a community.

Experiences within a social group, experiencing its attachment characteristics and phases, and developed group connectedness, "build the readiness to transfer and relate to newly selected connections" (Maier, 1994). The quality of transferability of connections fosters the "natural, human, and desirable process" (Maier, 1994) of social dependency.

Continued is the development of essential components of attachment, a sense of worthiness and trust (Maier, 1994).

Global impressions of available support are partially related “to experiences in specific social domains” (Davis, 1998). An example of one specific domain of support and the result of the support is: support from one's job supervisor has been found to reduce burnout among teachers and counseling center staff. A global perception of support is that support is provided by the social network as a whole (Davis, 1998). An example is the Athabascan potlatch, organized and given when a community member passes away. In the 1998 Davis, et al. study, “securely attached [persons] reported higher levels of global support.” However, “perceptions of domain support had no unique association with attachment style” (Davis, 1998).

Though global perceptions of support and specific domains of support are components of connectivity, it has been found they do not vary in quantity or quality as direct functions of one another. One specific domain of support directly related to a global sense of support is secure communal attachment (Davis, 1998). This reflects “the individual's overall feeling of acceptance by others, and belief that others will generally be helpful in times of difficulty” (Davis, 1998).

During the Athabascan potlatch, family grief is shared by all communities in a region. This perception of global support strengthens family member's ties to their culture, community, and society.

Attachment and Cultural Context

Culture is the binding agent that pulls a society together with its values, laws, ethics, morals, and sense of spirituality, and it gives a society personality. These societal components are "shared meaning systems" (Waters, 1998) which influence individual and group behaviors, thought, and goals. Influenced are "Child rearing practices, socialization goals, environmental variables, and developmental outcomes ... [which are expected] to be specific to groups that share meaning systems" (Waters, 1998). For example, in describing salient dimensions of attachment behavior, Anglo mothers preferred "self-maximization (competence)", while Puerto Rican mothers preferred "maintaining proper demeanor" (Waters, 1998).

Cognitive-emotional working models and attachment related experiences are developed from many and diverse interpersonal and environmental experiences. Cognitive-emotional working models are subject to change with strong and meaningful new experiences (Waters, 1998). Cultural and individual variation in patterns of care and the roles in close personal and social relationships influence the formulation of both infant and adult secure base relationships (Waters, 1998).

"Cultural practices tend to regulate relations among kin in such a way as to foster in the individual a sense that he or she can rely on kin as allies or for substantial help when needed, as Weiss (1974) implied" (Ainsworth, 1989).

Most attachment research concerns origins and the formulation of attachment behavior throughout one's life. Significant differences between cultures "makes a compelling argument for placing culture high on the attachment [research] agenda" (Waters, 1998). "Like all people, the Athabascans have a personality and character of their own ... [and] different Athabaskan groups have their own distinct collective personality" (Nelson, 1986).

Intergenerational Aspects of Attachment

"The quality of attachment formation can be assessed by the strength a youngster senses that he or she has in the relationship with the chosen protector or ally" (Maier, 1994). The nature of the reciprocating social exchange between primary caregiver and child determines the quality of attachment (Maier, 1994). Memories, feelings, and expectations that parents experienced and acquired from previous familial relationships form the conduct with their own children, this attachment forming interaction can be driven by "negative emotional spillover across the generations" (e.g., Belsky, Hertzog, & Rovine, 1986; Main & Goldwyn, in press; Cowan, P.; Cowan, C; Cohn; Pearson, 1996).

Children whose parents are sensitively attentive, responsive, and supportive encourage the development of a representational model of themselves as able to support one's self physically, emotionally, and socially and also view themselves as worthy of help and encouragement. Conversely, parents who are not sensitively attentive, responsive, and supportive of, who may abandon or who do abandon their child encourage the development of a representational model of oneself as unworthy and unlovable (Bowlby, 1979; Ricks, 1985).

Children of either secure, insecure-avoidant, insecure-ambivalent parents, or if parents were in a continuous unresolved, mourning emotional state, "had attachment classifications that matched those of their mothers" (Schneider, 1991). Secure parents valued relationships and regarded attachment as instrumental in personality development.

Insecure-avoidant parents regarded attachment as having little impact on their child's development (Schneider, 1991). Insecure-ambivalent parents were often still entangled with their early experiences and relationships with their parents (Benoit, 1994). Parents who had lost an attachment figure, i.e. death of a primary caregiver, before adulthood and were still in "unresolved, chronic mourning" (Schneider, 1991) or displayed confusion or disorientation during a discussion of sexual or physical abuse (Main & Hesse, 1990; Benoit, 1994) "were most frequently parents of insecure-disorganized/disoriented children" (Schneider, 1991, 259).

During the Great Death from the 1900 influenza epidemic, people died in all corners of Alaska. Entire villages died, 60 % of Athabascans died (Napoleon, 1996). "Suffering, confusion, desperation, heartbreak, and trauma" reigned and into this age of dysphoria the next generation was born (Napoleon, 1996). Many more people suffered and died up to and through the 1950's from "famine, starvation, and disease" (Napoleon, 1996).

The history of an attachment relationship is learned by the participants. Traumatized, abused, and neglected (TAN) children develop behavioral traits of their parents very early in life. There is a tendency of adults, who were TAN children, to carry and pass the historic behavioral traits to their own children. Models of relationships are difficult to change after they have been internalized into a cognitive-emotional working model (Schneider, 1991).

Attachments between mother and daughter "have been described as very

important and complex from infancy to adulthood" (Smith, 1998). Continually strengthening their intimate relationship, both share an abundance of data, facts, news and advice and "experience similar processes of child-rearing and caring for families" (Smith, 1998). Sharing their life experiences with their daughter, mothers work through to resolve old and conflicting issues dealing with their own mother (Smith, 1998).

However, there are cases in which parents provide a secure base for their children in spite of their own abusive childhood experiences. Two processes through which this change occurs are "through significant emotional experience ... [and cognitive-emotional models for] attachment are acquired through internal representations of [positive] experience in early attachment experiences" (Ricks, 1985).

Reasons for the changes can be: (a) parents may consciously make the decision to not treat their children in the same manner they were treated, (b) parents may form a secure bond with their own parents over time, (c) repeated positive experiences in another or more relationship(s) may disconfirm earlier experiences that produced insecurity, (d) an especially strong emotional experience within another relationship may disconfirm earlier insecure cognitive-emotional models (Ricks, 1985).

Insecure Attachments Development

Etiology

Because attachments are continuously developing, they are regarded as active and able to be restructured (Schneider, 1991). Barriers may form that can affect attachment formation patterns negatively, negatively affecting dyad harmony - the developed primary caregiver-child companionship and a parent's sense of efficacy (Maier, 1994). Barrier variables can include extended or traumatic primary caregiver-child separations (Parker, 1992), "unavailability can result from a child's or caregiver's physical pain, illness, [alcohol and] drug addiction[s], or developmental disability ... chronic emotional disturbances, such as depression, dissociation, extreme shame, and distorted perceptions" (James, 1994).

Negative-influencing barriers to secure attachment can result in insecure attachments and these barriers can be introduced at any of the elements of the four-stage bonding cycle (Pickle, 1). The four-stage bonding cycles are: (a) need is sensed, (b) rage happens (signal is emitted), (c) gratification is given by the caregiver being attentive to the child's needs (Pickle) "for food, sleep, warmth, movement, comfort and company" (Freud, 1955), (d) trust is developed through proximity of the caregiver and timely response to the need signal (Pickle). The child trusts that when there is physical need, need for emotional support, or the need for the caregiver to be in close proximity and an attention-seeking signal is given, gratification will result. However, when predictable disappointment at any of the stages results, or punishment is given, insecurity can result.

"Children are governed by the irrational parts of their mind, by what is most

primitive, and respond to any threat to their emotional security with fantastic anxieties, denial, or distortion of reality, reversal or displacement of feelings -- reactions which are no help for coping, but rather put them at the mercy of events" (Scherick, 1983).

Separation Anxiety

When a familiar caregiver leaves an infant, child, attachment behaviors are emitted. The infant becomes anxious because he is now vulnerable to environmental threat and the protecting figure is not present (Papalia, 1992). Infants' and young children's main coping skill is attachment behavior. This coping skill is challenged when the caregiver does not return, resulting in anxiety. The anxiety "can be maintained by thinking [they] are in a terrible situation and are helpless to change it" (Rathus, 1993).

Separation anxiety can cause a disruption or impairment in attachment development and "consequences can be grave" (Papalia, 1992). Anna Freud states in *Beyond the Best Interests of the Child* on pages 18-19: There may be a strong correlation between inadequate parental care and deficits in a child's mental growth. A child's vulnerability and the delicate nature of the parent-child relationship become evident when there are changes of parent figures or other painful interruptions in the process of attachment development. "The child regresses along the whole line of his affections, skills, achievement, and social adaptation" (Freud, 1973; Sherick, 1983).

Separation anxiety has different consequences at different ages, however at eight to 12 months, when an "infant realize[s] that objects removed from sight still exist and attempt[s] to find them" (Papalia, 1993), "separation is distressful. ... If abandonment occurs at this level of development [object permanence, see Jean Piaget in appendix], 'setbacks in the quality of their next attachment, which will be less trustful,' will result" (Sherick, 1983). Though long-term effects of early separation may not show up under normal living conditions, they may take the form of greater vulnerability to stress"

(Maccoby, 1980).

Bonds between mother and child disrupted for two to three weeks have had extreme effects, an emotional disjoining and its observable opposite, an unyielding demand to be near his mother (Bowlby, 1979). Secure attachment behavior lies between the two extremes, but is not apparent in these emotionally disjointed children. It seems the child does not recognize or avoids the parent, i.e. refusing the parent's reaching hand. The proximity-seeking attachment behavior is absent, but may resume after the few minutes or hours it takes for the child to process his emotions, or memory. Sometimes it takes days for the child to return to normal attachment behavior. The entire attachment behavior system may return suddenly, but the return to normal attachment quality is more often tedious and piecemeal (Bowlby, 1979).

Resumed attachment behavior is consistently "much more clinging than ... before ... separation" (Bowlby, 1979). The child will follow the leaving mother and cry following her around the house, demanding her faithful company. Results of this phase depend on the reaction by the mother-figure. Frequently, the mother will refuse the demands ... a result can be "hostile and negative behavior from the child ... try[ing the] mother's patience still further" (Bowlby, 1979) and disrupting the family's equilibrium - when such exists. The experience of separation can build an experiential structure of cognitive-emotional expectations based on rejecting experiences with the primary caregiver (Schneider, 1991).

Perceived unavailability, unresponsiveness, or rejecting behavior by the primary caregiver encourages a child's distress and anxiety (Schneider, 1991). The result may be

anger on the primary caregiver's return, avoidance, or detachment from the caregiver (Schneider, 1991). Results are a lowered sense of self-worth or adequacy, feeling of being unloved or cared for, ineffective cognitive and emotional defense mechanisms, "poor social skills, and inadequate social relations" (Schneider, 1991). An individual's cognitive, emotional, physical, and social development is hampered (Freud, 1955).

Separation from mother for minutes, hours, days (Bowlby, 1979), weeks, or even months can mean to the adult, 'I will return' but the child feels deserted (Freud, 1955). The child cannot reason and feels the moment, 'My caregiver is lost, gone' (Freud, 1955). Mother may not have control of the situation, she may be ill (Freud, 1955), hospitalized with Tuberculosis and in a Public Health Hospital hundreds of miles from home, needs of other family members may require her attention, or the Bureau of Indian Affairs school program and the United States Government may have forced the parents to send the child to a boarding school hundreds of miles away from home where the only other substitute caregivers are other children like themselves (Adams, 1995; Siverly). The child has been rejected (Freud, 1955).

"The shock of separation is expressed often by disturbance of the body functions such as upsets of sleep, feeding, of the digestive apparatus: there is also at such times an increased susceptibility for infection. Further, many infants make backward moves in their development: those who have just learned to talk, give up speech; those who have just begun to move independently, give up walking; those who have already undergone toilet-training, wet and soil again. It is almost invariably the most recent achievement in development which is lost first" (Freud,

1955).

Emotions described have been from "incessant crying to emotional despair" (Freud, 1955). Separation from their loved caregiver appears to put the child in a state of mourning. The child needs protection from an unpredictable and unknown environment, so their search for another caregiver may begin shortly after separation (Freud, 1955). Because of their negative emotional state, these children have a reduced interest in present activities and lessen exploration and learning activities. Continuing care and a secure base are absolute needs and if substitute caregivers provide the needed comfort and are readily available, transfer of attachment provides security (Maier, 1994).

Repeated separations from mother and building of successively different secondary caregiver attachments discourage building of a positive and secure quality of attachment. The child "will be more demanding [and] more intent on immediate wish-fulfillment" (Freud, 1955) with the next caregiver. These repeated separations encourage a deterioration of well-being that will continue, producing dissatisfaction and shallowness in someone who will have problems constructing a secure relationship (Freud, 1955).

A child wonders, "What comes next?" (Maier, 1994).

Insecure Attachments: Consequences

Should insecurity be the consistent or inconsistent result from attachment behavior interaction or caregiver neglect, one of several different types of insecure attachment styles may result. They are (a) insecure-avoidant (Goldberg, 1993), (b) insecure-ambivalent (Maier, 1994), (c) insecure-anxious (James, 1994), and (d) disorganized-disoriented (Goldberg, 1993).

Insecure-avoidant Children

Insecure-avoidant children "are characterized by frequent distress at separation ... and do not show ... intense activation of the attachment system" (James, 1994) after reuniting with their mother. With the greeting given the mother, children would mix avoidant gestures "such as turning away or averting their gaze" (Schneider, 1991). At home these babies seem insecure. Since their attachment model (behavioral-emotional-cognitive model) of the mother is painful, they defend against this by avoiding her (Schneider, 1991).

"They seem to avoid using their mother as a secure base when presented with new situations" (James, 1994). These avoidant behaviors correspond with the observed rejecting behavior their mother showed; the mother denied her "infant's request for close bodily contact" (James, 1994). These parents can seem "rejecting, aloof, and uncomfortable with close bodily contact; they tend to withdraw support when their children most need it -- at times of distress" (Levy, 1998). Long-term effects of this

attachment type are decreased and/or unsafe "exploratory behavior, and cooperativeness, and difficulties with inappropriate aggression and establishing of empathetic interaction with other people" (James, 1994).

Insecure-ambivalent Children

Insecure-ambivalent children seek physical contact with their mothers appropriately; however they show conflicting feelings about close physical contact (James, 1994). Though these children insist the primary caregiver remain nearby, they can be clingy, and are "very much at a loss" (Maier, 1994) when their caregiver is absent. Upon returning, their mother, "produces [neither] solace nor create[s] a learning experience" (Maier, 1994). Exploration behavior is lessened and diminished with the child's negative affect.

During the separation from the caregiver, the child is "very much at a loss and display[s] reduced energy investment in whatever they are engaged" (Maier, 1994). They have been deserted and are grieving (Maier, 1994). These children "advance slowest cognitively, [are] easily frustrated, over-reliant on their mothers and generally incompetent in problem-solving situations" (James, 1994).

Insecure-anxious Children

After separation, insecure-anxious children wish to be near their mothers, but use ineffective methods of approach. For example, the child may approach the mother but half-way there, will just fall to the floor crying ... waiting for the mother to complete the reunion (James, 1994). "During reunion ... the children shadow their mothers ... and

protest everyday situations ... because they have no confidence in their mother's availability. [The children] are angry, because, unsure of what to expect, they fear disappointment" (Schneider, 1991).

Disorganized-disordered Children

This child may have been abused and the attachment with the primary caregiver may be "characterized by either oppositionality or compulsive compliance" (James, 1994). A much neglected child expects no response to an attachment signal given the mother.

Effect of Parental Abuse and Neglect on Attachment

The effect of parental abuse and neglect on attachment is a disorganized-disoriented attachment style and a failure to thrive (FTT) in all aspects of development. Parents of FTT children are "less sensitive to play and feeding and [have] had more stressful [childhood] life events" (Ward, Kessler, Altman, 1993) than children who have a secure attachment to their parent(s). In research Mary J. Ward participated, FTT children were "less cooperative in play and less responsive in feeding (Ward, et al., 1993) and [displayed] more negative and less positive affect" (Ward et al., 1993) than children from a control population. This states the "quality of attachment in infancy is associated with [the] quality of caregiving and [parent's and children's] stressful life events" (Ward et al., 1993). Also, the primary caregiver's psychiatric condition is a determining factor in her stress level and her ability to provide attentive care (Ward et al., 1993).

"Parents of disorganized[-disoriented] babies are more troubled, depressed, and abusive, perhaps because they are still troubled by their own unresolved attachment-related traumas and losses" (Levy, 1998) or are substance abusers (Toth, 1996).

"Maternal problems, (e.g., depression, maltreatment) are associated with [the] increased incidence of disorganized/disoriented attachment" (Goldberg, 1993).

From abuse, a child feels "pain, confusion, and the fear of the abuse itself; there is the mind-boggling experience of having the source of danger and the source of protection residing in one person" (James, 1994). Most fearful is the possibility of losing a developed attachment, which is likely to happen if children defend themselves against the abuse. Children's cognitive defense mechanisms include "dissociating, anesthetizing

themselves physically ... muting sensory awareness, and blaming themselves for the abuse" (James, 1994). Directing ones rage towards others or oneself (internalizing the anger), paradoxically "frees the child to seek the love" (James, 1994) and the security an attachment relationship provides (James, 1994).

The disorganized-disoriented attachment formed by the abusive relationship creates an anxious child. These children monitor their mother's locale and when separated, a child is distressed. The caregiver's return elicits the attachment signal; however the child is confused about how to reattach. The "child may ... begin to approach her mother only to stop halfway there and fall to the floor crying so that the mother must finish the rejoining process" (James, 1994). Or the child may recognize the mother's presence but make no move towards her (James, 1994). There is a lack of "confidence in its caregiver's availability and responsiveness" (Waters, 1998).

The child's first cognitive-emotional "working models [shows] others ... as hostile and unresponsive while the self is viewed as inadequate and unworthy. The result is ... ineffective defenses, poor social skill, and inadequate social relations" (Schneider, 1991).

"An individual's childhood relationships with parents affect later close relationships, including ... parent-child relationships" (Ricks, 1985). "The history of the relationship is carried forward as a whole. Each partner learns all the parts of the relationship by heart, and each is motivated to recreate the whole of the relationship in other circumstances. Patterns of relationships are difficult to change," (Schneider, 1991) despite changes in time, situation, and form.

Behaviors of abusing parents are internalized by children through the insecure attachment relationship. Research by George and Main (1979), Main and Goldwin, (1984) and Fraiberg (1975) show severely abused children, now adults, have a "tendency ... to inflict similar abuse on their young children" (Schneider, 1991). The abusing-parent's behavior shows an intergenerational quality of attachment formation.

Attachment Disorders

Common character traits identify children with attachment disorder. At the very early age of 12-24 months, these children decided life was haphazard and deadly and frightening events may happen anytime without warning. To protect themselves, the children decided they must control every event happening in their lives. No event was a safe event unless the child was in its total control. This deep-set belief that they must be in total control or something terrible will happen to them makes these children difficult to parent (Randolph, 1997).

Lying is another character trait. "These children lie as easily as they breathe, and they often lie in situations when it would be easier for them to tell the truth" (Randolph, 1997). They believe lying to control a social interaction, thus removing control from adults, increases their ability to survive. The child is "not lying to be sneaky or to avoid punishment" (Randolph, 1997), by not allowing anybody to know what he is thinking or feeling gives a false sense of security and control. And unless the child is lying, it is uncommon he will be able to look you squarely in the eyes (Randolph, 1997).

These children form dysfunctional relationships. They may be overly affectionate without first becoming familiar with strangers. Or the child is asocial and will not seek affection or closeness, lacking are deep feelings and commitment. Relationships formed are shallow, brief, and are not mutually beneficial (Randolph, 1997).

Caregiver-modeled behavior for attachment disordered children was unpredictable and their feelings and needs were neglected. A lack of conscience by caregivers did not encourage development of the child's superego, one's conscience.

When these children misbehave, their lack of conscience does not allow them to understand why other people are angry. They lack cause-and-effect thinking, they do not learn from their mistakes, and even when punished they continue misbehaviors. Rather than accepting responsibility for behavior, when something goes wrong they assess blame on others (Randolph, 1997).

Handling food, or edibles, is another problem. Gorging on food, hoarding it in their rooms, they may even eat "paper, feces, raw flour and sugar, [and] bakers chocolate" (Randolph, 1997). Seemingly addicted to sugar, stealing sweets and continuing to eat sweets after becoming ill are destructive behaviors. Early neglect from parents drives attachment disordered children to hoard food, even keeping rotten and rotting food (Randolph, 1997).

Types of Attachment Disorder include "[a] anxious, [b] avoidant, [c] ambivalent, and [d] disorganized" (Randolph, 1997).

Anxious Attachment Disorder

Overly clingy at five years or older is a character trait of the Anxious Attachment Disordered child. They still become upset when their mother leaves the room, throwing extended tantrums or crying spells. A two-year-old clinging to a parent's leg is not as disruptive as a five-year-old clinging to a parent's leg. Seeming to never being able to separate themselves from their child drains a parent's energy (Randolph, 1997).

Superficial compliance and the need to please others lasts only until the child becomes enraged. However, retaining control of the situation they do their best to not show the emotion. They feign sense of control and, instead, "engage in passive-

aggressive behaviors like persistently doing little things wrong ... driving [their parents] crazy" (Randolph, 1997).

Demanding a clinging and unconditional acceptance and more than necessary attention sours friendships. Teenagers use sex to maintain romantic relationships; children will buy or steal things to "buy" friendships. "These children will literally "sell their souls" (or their bodies) to gain love and acceptance from others" (Randolph, 1997).

Initiating physical closeness is a behavior "allowed" (Randolph, 1997) by the child. Should an adult initiate closeness, often the child will (paradoxically, because of the clingy characteristic) push away or shrug the contact off. Most of the time anxious disordered children are whiny and clingy except when limits are set, then they "pout and throw extended tantrums or crying spells" (Randolph, 1997).

Avoidant Attachment Disorder

Safe in isolation, avoidant attachment disordered children reject affection. They do not wish to have close relationships because "they don't ever feel safe while with others" (Randolph, 1997). Hypervigilant, they are wary of offense from others and for danger in their general environment. Being hostile and distant further ensures their safety, they say "affection and nurturance ... are for babies or sissies" (Randolph, 1997). These children prefer being alone and will usually follow set rules; however, being alone encourages the attachment disorder to strengthen. Increased is the probability this attachment disorder will become intergenerational, passed on to their children (Randolph, 1997).

Believing they can care for all their needs, avoidant children feel they do not need

anyone else. Independence is so valued, they become furious or overly anxious when forced to depend on or trust others. Preferring to trick or fool others into doing what they want, they also believe nobody can force them to do anything and delight in this. Irritable and passive-aggressively oppositional, "they often "forget" to do things, are persistently late, [and] many things are accidentally broken" (Randolph, 1997). Having distanced themselves from emotionally uniting feelings, the feelings they experience are usually negative, such as animosity, feelings of disappointment, and boredom. They are intensely lonely and sad (Randolph, 1997).

Ambivalent Attachment Disorder

Commonly openly angry and defiant, ambivalent attachment disordered children are destructive of their own belongings and those belonging to other people. They undermine or destroy almost every positive event experienced and manage to change steps forward into negative events. Manipulation is the driving force in relationships, which usually have a short life. Because rejection is easily felt, they push the relationship apart first. Affection is shown only when something is wanted or when they are in complete control of relationship emotion (Randolph, 1997).

Superficial charm can easily turn into immoderate anger. When limits are set, self-defeating behavior is engaged -- the child becomes destructive. Unless they want something and are manipulating others to their own benefit, these children are irritable and clearly oppositional. Lacking "the ability to give and receive affection" (Randolph, 1997), they fail to reciprocate emotion in relationships and place no value on the feelings of other people and can be "cruel to animals" (Randolph, 1997). Behaviors can be

dangerous or risk-taking and can include delinquency (Randolph, 1997).

Disorganized Attachment Disorder

Disorganized Attachment Disordered children have a grossly disorganized and bizarre behavior which includes symptoms of the other three attachment disorder types. These symptoms are apparent at various times and include symptoms of "atypical psychosis, bipolar disorder, and/or neurological problems" (Randolph, 1997).

Parents of these children are frequently severely neurotic or bipolar and their early environment was very chaotic. Emotionally very unstable, these disturbed children are disruptive. Excessive excitability distinguishes this attachment disorder group from the other attachment disorder groups. Unable to function socially, these children usually require placement out-of-home (Randolph, 1997).

Literature Review Summary

Attachment to a primary caregiver provides security that encourages learning prosocial behaviors. When this security is damaged or removed by anxiety, abuse, and/or neglect an attachment disorder may form. The prosocial behavior learning process is retarded. The basis for understanding attachment disorder is understanding the attachment process and its characteristics.

Attachment between mother and child is an affectional, nurturing bond that develops with the provision of sensitive, constantly available, and responsive care for the child. Reducing physiological tension for an infant in a timely manner socializes the child to learn what behavioral signal is appropriate to send to the primary caregiver when hungry, in pain, or needing soothing.

With the infant's physiological and cognitive growth, the attachment bond evolves. Developed from many and diverse interactive experiences are internalized cognitive-emotional schemata which coalesce into an internal cognitive-emotional working model. In 1969, John Bowlby proposed a four phase control model of development based on repeated experiences between parents and child. Formed is a felt sense of security. In 1994, Everett Waters et al. proposed an eight phase working model of development that states attachment begins at birth and continues to develop through young adulthood.

Used to describe attachment are three theories: (a) psychodynamic theory and its tension reduction (Richters, 1991), (b) social learning theory for which the primary caregivers and secondary caregivers are viewed as teachers (Richters, 1991), and (c)

attachment theory (Goldberg, 1993). Jean Piaget's principles of cognitive development, cognitive organization, adaptation, accommodation, and equilibration give insights on internal cognitive-emotional schemata development (Papalia, 1992).

Cognitive development is encouraged when a child's contextually derived and/or physiologically derived anxiety is attended to by a caregiver. Close caregiver proximity reduces this psychological tension and encourages the young to explore and familiarize itself with, thus learn about, its environment (Bowlby, 1969).

Attachment behavior characteristics include: (a) specificity, (b) duration, (c) engagement of emotion, (d) ontogeny, (e) learning, (f) organization, and (g) biological function. Ideally, a child will form a life-long bond with a mother-figure. Healthy emotional expression develops from healthy attachment formations. As a child's psychological sense of self grows, social actions and interactions become more complex. Learned behaviors form encouraging a growing independence from care by the primary caregiver. Attachment behaviors ensure the emotional and physical safety of the individual (Bowlby, 1979).

Development of attachment within the family is the root structure for the socialization experience. Caregivers external to the family are secondary caregivers and help form identity and belongingness to a community. These other bonds encourage the felt sense of security (Pietromonaco, 1997), the concretely felt enduring presence and care of the primary caregiver, and the formation of a secure attachment (Maier, 1993).

Memories, feelings, and expectations that parents acquired from previous experiences with their parents form their child's conduct. If the experiences were

negative, their conduct with their own children could be negatively affected (Schneider, 1991) and may result in neglect or abuse.

Developed social interactions are influenced by cultural personality. "Shared meaning systems ... [influence] child rearing practices, socialization goals, environmental variables, and developmental outcomes" (Waters, 1998).

Should provided care for an infant/child not be sensitive, available, or responsive and if neglect and/or abuse are experienced, there is a very strong possibility insecure attachments will develop from resultant anxieties, one of which is separation anxiety. The types are (a) insecure-avoidant (Goldberg, 1993), (b) insecure-ambivalent (Maier, 1994), (c) insecure-anxious (James, 1994) and (d) disorganized-disoriented (Goldberg, 1993).

Insecure attachment types are barriers to prosocial cognitive-emotional development (Freud, 1955). Hostile behaviors can result from an early childhood perceived unavailability of a primary caregiver that results in separation anxiety (Bowlby, 1979) and can disrupt a family's equilibrium ... when equilibrium exists. The child feels rejected and may develop a cognitive-emotional structure based on this rejection (Schneider, 1991). These children have a reduced interest in exploratory activity and learning activities (Maier, 1994).

Attachment disorders develop when at the early age of 12-24 months, a child through some extraordinary event decided life was haphazard and deadly. To feel safe, the child needed to take total control of every event and relationship. Asocial and antisocial behaviors developed which ensured all relationships from that point would be brief and beneficial mainly to the attachment disordered child (Randolph, 1997).

Research Questions

How is attachment conceptualized by Athabascan parents? How does it differ from current conceptualizations of attachment in Western psychology as described in the Literature Review?

Methods

Participant Criteria

The researcher asked four Athabascan parents from Interior Alaska to participate in this study. Selection criteria were: is or have been a parent of a three- to four-year-old child and has psychological well-being. For this research project, defining characteristics of psychological well-being are: (a) sobriety, (b) a lack of family conflict, (c) continuing education, (d) employment status, (e) community involvement, (f) potlatch, and (g) other cultural involvement including subsistent lifestyle involvement. These characteristics directed the researcher towards people working to counteract negative life influences to themselves and others.

Having a secure base means continuously preparing for a secure future, with a developed deferred gratification. Trust developed in a Rural Alaska family very often means remaining sober, much family conflict in Rural Alaska is precipitated by alcohol use and abuse. Continuing one's education improves the possibilities for gainful employment and further develops the qualities of deferred gratification and being a contributing member of society. As a contributing citizen, one is usually involved in community activities. With the Athabascan Peoples this includes potlatch, subsistence

activities, and subsistence knowledge teaching.

Research participants were four Interior Alaska Athabascans. Three are Athabascan Elders and one other participant is an Athabascan social worker. One Elder is an Athabascan Mental Health Worker. They are all actively involved in counteracting a negative social aspect they to which object. All were raised living in rural Alaska villages. All presently reside in Fairbanks, Alaska.

Participant Descriptions

For purposes of confidentiality research participants are assigned pseudonyms.

John James. Born in 1927, John described his early life as traditionally Athabascan. Growing up in rural Alaska, the training he received from his parents and brothers enabled him to participate fully during the family seasonal camping and hunting. This training began as a toddler with the responsibility of holding a stick cooking meat over a camp fire.

He described social competence as responsibility to the family, the community, and the subsistence process, all of which became gradually more complex as he matured. Honoring the Athabascan traditions, community, and oneself became to each community member a "Code of Honor." He and his wife are actively involved in raising their grandchildren, just as their grandparents were involved in raising them.

David Holmes. Born in 1950, David was raised in rural Alaska. David decided to raise his children with safety and stability at home as the first priority when he married. Family stability came with time and patience and continued learning of parenting skills. Ensuring the community knew his family and home were safe and stable was difficult.

Turning away relatives who had alcohol or drugs by putting his family first eased the pain of knowing they needed help with their addictions. Taking his relatives' children for periods of time, i.e. the, morning, afternoon, the day, was part of his responsibility to his relatives and their children. His work carries him into rural Alaska where he works with communities and individuals developing community programs and helping with addictions.

Sheryl Grey. Born in 1933, Sheryl lost her mother as a five-year-old girl., Sheryl then became instrumental in raising her baby sister. Caring for her sister eased her grieving the loss of their primary caregiver. Sheryl became the anxious baby's caregiver. Her step-father worked very hard raising the children, doing the work of both man and woman – sewing their clothes and hunting for food. She raised her children with strict and caring family values.

Learning to sew at a young age, Sheryl became an expert Athabascan skin sewer and beader. Sheryl now works with children in a school teaching Athabascan crafts, telling Athabascan stories, and teaching Athabascan family and community values.

Hannah Jackson. At over sixty-five-years-old and born into the subsistence lifestyle, a lifelong commitment to the Interior Native Alaskans health and welfare exemplifies this great Athabascan elder. Respected in the social field for her work, she works at nurturing Alaska Native individuals and families to physical, emotional, and mental health.

Procedure

Through a qualitative study method using a semi-structured interview on

attachment development, four (4) healthy Athabascan parents described an attachment process with a three (3)- or four (4)-year-old child by describing their relationship with a child of this age. Probed for through the interview process were the participant's definitions of attachment behaviors, characteristics, and the stages of attachment development that occurred with their child at this age.

Before interviewing the participants, the researcher let them know he is interested in the special, deep-rooted and close relationship that develops between a primary caregiver and their child. This healthy and special relationship is between the caregiver and child and not shared by others. Chief Peter John describes this type of relationship using the Athabascan concept "*Ch'eghwtsen*" - the true love" (John, 1996).

A set of interview questions developed with the thesis committee members suggest domains Athabascan peoples would use to describe this special relationship. Before beginning the semi-structured interview process or, if the interviewee's conversation style suggested it, an unstructured interview, the researcher reviewed the interview questions and asked if other questions should be added or were be more appropriate to describe the special relationship between an Athabascan primary caregiver and a child.

Interview questions generated attachment information and were based on characteristics of the primary-caregiver and child attachment relationship. Interview structure ensures a structured qualitative analysis. The interviews were recorded and transcribed. Qualitative data analytic tools included include axial coding and integration of data (Strauss, 1998).

Data Analysis

There are inherent differences between Western and Athabascan cultures. These differences were identified by the codes, symbols, signs, and constructs. Communication between persons of differing cultures requires a cultural sensitivity and re-checking of data translation with interviewees to ensure the transmitted and perceived messages are correctly understood (Leeds-Hurwitz, 1993).

Participant interview answers revealed their "lived experiences, behaviors, emotions, ... feelings, ... and thought processes" (Strauss, 1998) concerning attachment development. Transcription of the interviews made more accessible common attachment development patterns. Comparison and analysis of the Native American data with Western theories of attachment could broaden our understanding of the theory of attachment or could provide a critique of culture-bound aspects of attachment theory.

The researcher categorized interview data into attachment domains defined by Western psychology: (a) caregiver sensitivity, (b) trust development, (c) exploring, and (d) individuation. Attachment behaviors, characteristics, stages of development, and anxiety reduction statements from participant interviews were mapped under these domains. This conceptual order encouraged description of the attachment domains and made clear any differences in communication construct analysis (Stauss, 1998). The Athabascan participants communicated perspectives on attachment development and formed attachment themes during their interview.

Once the first analysis of interview data was completed, the researcher contacted each study participant and presented the interview analysis. The meeting

ensured analyst data interpretation corresponded with their understanding or if they had a deeper meaning to their interview answers (Strauss, 1998). This safeguard protects the data analysis against bias the researcher may have regarding aspects of attachment development.

Within each data domain, attachment properties and their dimensions and the conditions under which they occur were coded axially. Conditions included environmental and social actions and interactions and the consequences of these actions and interactions. Consequences can evolve over time and some may be unanticipated. Data analysis is complete when each category is saturated from interviewee data (Strauss, 1998). Data domains and their properties and property dimension formed Athabascan interviewee concepts that are interrelated, woven together to form explanatory statements of a social phenomenon between primary caregiver and child (Strauss, 1998), an Athabascan theory of attachment.

Attachment process seeks "a series of evolving sequences of action/interaction that occur over time and space, changing or sometimes remaining the same in responses to situation or context. Each action/interaction can set up conditions for the next action/interaction sequence" (Strauss, 1998). Action/interaction structures are dynamic, ensuring the continuity of actions/interactions remain aligned (Strauss, 1998) and goal-oriented.

Explanatory attachment statements derived from the data formed concepts around aspects of Athabascan attachment development.

Methods for Verification

During the coding of each interview, awareness of preceding statements was crucial. Because interview questions may bring the participant back to a previous thought, a restatement or very similar statement needed concept consistency. When a statement was used in answers with different questions, reviewing (and re-reviewing) the interview statements proceeding preceding and after each place the pulse statement appeared was necessary to assure understanding of meaning. In each place the statement appeared, was its meaning the same or near the same? Into which of the four (4) attachment domains did it belong? Did the statement belong in two (2) domains? Was another attachment domain needed? Several additional domains were added within the individuation domain. A concept of social competence began appearing. Review and re-review pulse statements.

After the mining of domain statements was complete, an initial comparative analysis of interview and literature review for each domain was completed. Presenting each domain's analysis to the interviewee, each interviewee was asked if each analysis fit their understanding of what they communicated. Each domain was discussed with each interviewee to ensure an "understanding of [domain] meanings and [narrative] essences of the [lived] experience being studied" for both interviewee and researcher (Royce-Davis, 2001). If there was any statement within the analysis that did not belong, why did it not belong? Because some cultural difference in speaking and understanding the English language may exist, each domain analysis needed to fit the Athabascan participant's communicated meaning. Each domain interpretation and analysis required a

collaborated effort to ensure an “understanding of [domain] meanings and [narrative] essences of the [lived] experience being studied” for both interviewee and researcher (Royce-Davis, 2001).

Before reporting research findings, triangulation of data from each narrative domain analysis was needed. Each domain analysis was compared with the others, similar attachment qualities and characteristics were integrated into each final domain analysis.

Findings

“I always maintain that if I didn’t have that experience and that affection and that attention of my family I sure wouldn’t be who I am today.”

Participants revealed how they raised children. The values they infused their children with are the values their parents gave them. After raising their children, it was normal for the Athabascan participants to become actively involved with their grandchildren. All participants were raised subsistence-style in a rural Athabascan village surrounded by relatives.

Four attachment domains emerged out of participant interviews: caregiver sensitivity, trust development, exploring, and social competence. These four domains contributed to the development of social competence within the frame of Athabascan culture and worldview.

Figure 1 illustrates the development of social competence through the four domains that participants described in the development of attachment to the caregiver. In the figure, caregiver sensitivity leads to the development of trust, which in turn, leads to active exploration of the environment by the child. These three processes contribute to the development of social competence. The concept of caregiver sensitivity includes (a) sensitivity to emotional and physical needs, (b) express sincerity verbally and nonverbally, (c) caregiver close proximity, (d) attachment to primary caregiver, (e) secondary attachments to family members, (f) boundaries and discipline, (g) family and community responsibility to guide the child, and (h) provide security for the child. Trust development characteristics includes (a) reassurance of care, (b) provide nurturance, (c)

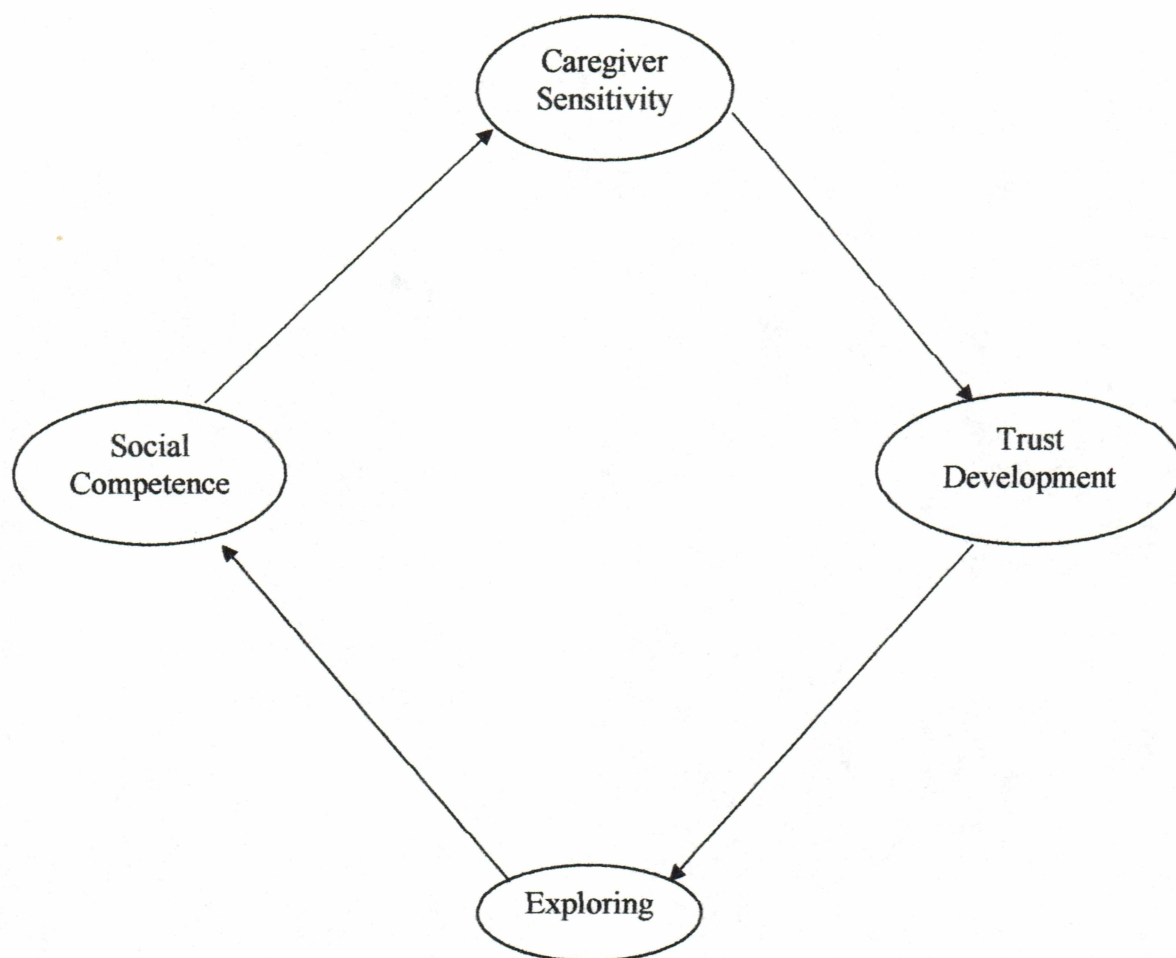


Figure 1
An Athabascan
Attachment Process:
As Described by
Research Participants

family members trained in providing care and nurturance, (d) develop belongingness, (e) family trust modeled by family members, (f) extended family extends the secure base, and (g) community provides depth in social values and felt security. Exploring behaviors components are (a) ensure felt security and (b) close supervision.

Figure 2 elaborates further on important components of the social competence concept. Participants defined social competence through five domains that include (a) individuation, (b) family responsibility, (c) community responsibility, (d) connectivity, and (e) generational connections. Each domain of attachment will be described in greater detail in the following sections. Each domain is presented along with exemplary narratives that ground each concept in participant experience.

Caregiver Sensitivity

Participants described caregiver sensitivity as being attentive to a child's needs. Caregivers must both respond to and be aware of a child's needs. Sensitivity to children's emotional and physical needs allows a caregiver to begin an interacting communication and emotionally connecting rhythm with their child. Participants noted that affection and love is shown both verbally and non-verbally.

Sheryl Gray described this idea of the rhythm of connection through communication:

Express your sincerity to your kids. Love them. I don't know whose kid it is, just hug them, tell them you love them, which I think is a good idea.

Pick them up, even a baby, hug them and love them. When they cry they always want to eat, feed them. I always fed my kids. How long can you let

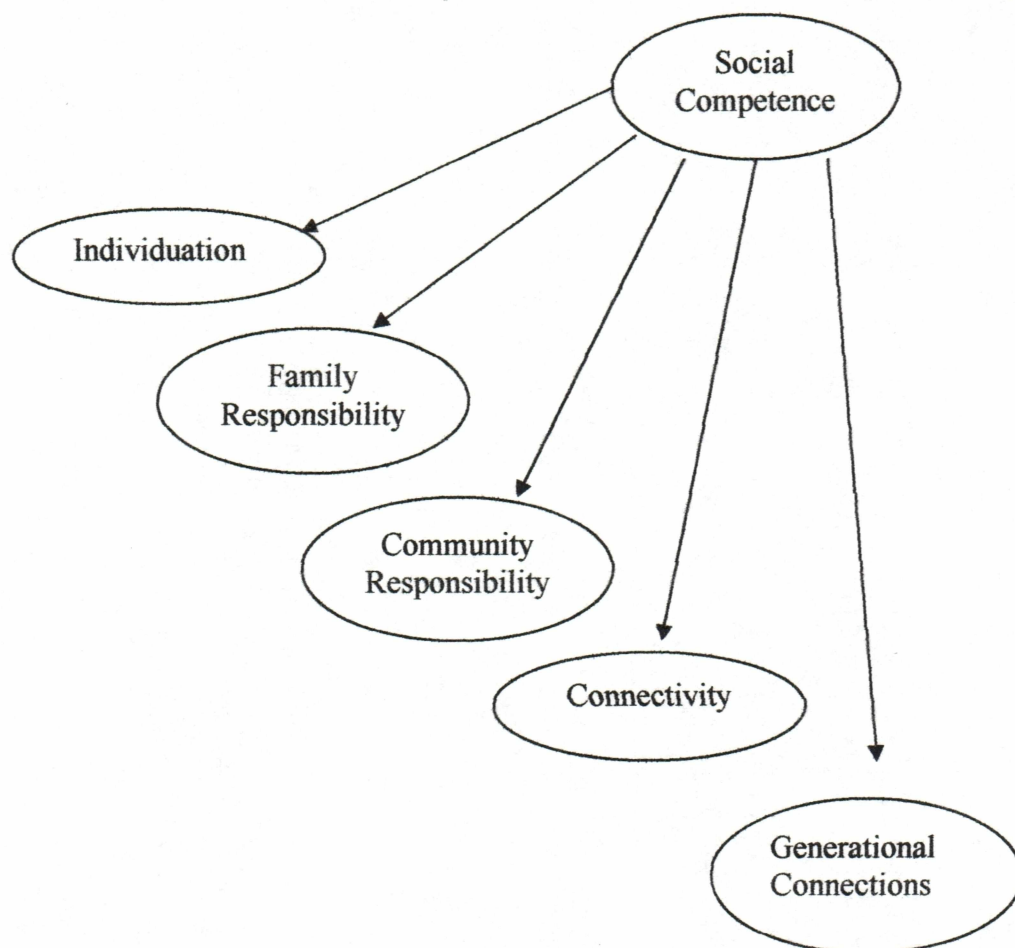


Figure 2
Social Competence Domains

your kids cry? I never let my kids cry very long, but I let them cry though.

They need their lungs ... Exercise their lung because they need to cry just like when you sing in your language.

Expressed sincerity and the felt experience of a secure base for development provided by the primary caregiver encourage the development of caregiver-child trust. Two research participants describe how continuous close proximity and continued gratifying interaction give depth to the primary attachment between mother and child. Often, this type of connection is traditionally expressed through feeding of the infant. *Hannah Jackson* notes that, "...the mother does all the feeding, because they do a lot of breastfeeding in those days The child may be a month old and their food is chewed by the mother." *Sheryl Gray* agreed, stating, "Yeah, you chew it good ... I chew all my food for them, as long as they can swallow."

Other nuclear family members are secondary caregivers. *John James* emphasizes that nuclear family members took responsibility for a child's prosocial development. Family and community members model discipline and boundaries through prosocial behaviors. By modeling these behaviors, family and community show love and respect for the child and for themselves.

John James:

I would say in raising their family and exercising their responsibility ... That I always maintain that the Native people [have a] strong concern with the family, their immediate family and then their neighbors in the community. ... [Honor] relatives and also ... honor the family, the family

and the neighbors in the community. You were taught not to dishonor the immediate family, not to dishonor the neighbor and not to dishonor the community.

David Holmes hopes for better familial welfare and prosocial development of urban Native children:

It's kind of a hard thing to say to your own people, but parents don't take and set boundaries for their home and their children's welfare. They're doing a dishonor to their children and then to their ancestors and to themselves and their people as a whole.

In *David Holmes' home*, boundaries and family values are often passed down to a toddler by older siblings. This sibling guidance further binds children's respect and love to parents, further provides for sense of security, and helps toddlers and siblings develop into contributing community members. *David Holmes* explains an aspect of sibling guidance in his home:

At the table as well as in the house the older siblings had an opportunity to correct my daughter and my son ... We would let them you know pull them away from this and that and tell them no you're not supposed to be around this place because you're touching this and you're touching this and that could hurt you and we need to remove you from that. So they actually worked on skills to presenting what they were modeled in and being able to model that same thing in their own way.

Community members are tertiary caregivers and are an extended secure base, keeping a close watch on children and participating in their prosocial development. The following exchange illustrates that discipline and the will to live that discipline began early in a child's life.

John James: "I would say there was no age limit to anything 'cause what the parents believed that they should get the young children involved in. ... The sooner, the better."

Interviewer: "Just whatever little tasks they could do to help Mom or Dad."

John James:

Discipline was something that was really, really exercised. That you had to earn that discipline and be recognized that you honored it by doing this and that and when you honor it, there is many ways of holding that trust and responsibility that you gained to be recognized by the community.

Trust Development

Reliable Athabascan parenting builds a child's confidence by trusting parental emotional and physical care will always be present. Stable parenting is a parental responsibility and a family assignment that provides both for reassurance regarding care and nurturance, as well as a sense of belongingness. *David Holmes* explains he and his wife's parental roles:

I'm pretty much authoritarian and pretty solid boundaries and strict boundaries on them. My kids know that. And their mother is a lot more lenient than I am, so I think it balances out. ... It took about a year before I actually figured out that some of the things that I was taught were a little bit too strict so I had to step

down a little bit and I'm finding now that it's a good thing that I did because if I didn't come to that point ... and not be as strict as my parent was, my kids might be a little more – might be a little more apt to go off early or defy authority figures. ... So I had to step back. ... And still trying to raise them with their own ideals of responsibility, being independent, making choices, and is pretty much heartbreaking. ... [So] hope for the best and do a little damage control, ... hopefully they have learned some of those skills and are able to pass some of those on. ... So my wife helped me work things out. So she was my teacher, too. And I would hope in some instances and situations that I helped her too.

Continued expression of affection by family members bonds a child with each person, strengthening the child's felt security. Protecting and nurturing a child builds a feeling of belongingness within that child. It is important to *David Holmes* and *John James* nurturance, guidance and care, from all caregivers and siblings make everything in the home predictable and that family values are reinforced by close family ties. The following exchanges illustrate sibling responsibility. The first exchange is between *David Holmes* and the interviewer, the second is between *John James* and the interviewer.

David Holmes: "As far as me and my wife felt that our child should be nurtured and parented by the older siblings in the family."

Interviewer:

I find it interesting that the parents raise the older children and then the older siblings would pass on the values that the parents give them. Pass those values on

to the younger person and then the way the older children would respect and respond to the parents they model to the younger ... children.

David Holmes: "Yeah, exactly."

John James:

[A family] never neglects the child.... Trust ... has developed between family members and even the little kids pass that trust on ... to the toddlers.... I notice our grandson, he's helping little young toddlers. He's concerned about them too. He is worried about them and he makes sure that they get something to eat.

Interviewer: "And he's just a little guy himself?"

John James: "Yeah. Uh-huh. Yeah."

It is the family's responsibility to bond with children by modeling trust while teaching prosocial behavior and ensuring their safety. *Hannah Jackson points:*

In my years of observation, the children always go with the family, wherever the family – wherever the parents go and that's – this is where trust is built and the bonding and so the family remains together at all times.

A member of an Alaska Native Rural Community generally has many first- and second-cousins. Monitoring a young person are these people who have an emotional investment. *Hannah Jackson* states as a toddler's social fabric knits, the toddler learns prosocial behaviors that elicit their community's developed care response. Each cousin's emotional investment ensures all community members encourage proactive community

development and prosocial development, giving depth to a developing toddler's trust.

Hannah Jackson ensures the Interviewer understands:

Hannah Jackson: "A child is taught respect, respect to others older than himself and so they will be guided in the right direction."

Interviewer:

Guiding youth in the right direction, it seems like what I'm hearing is that community builds its – it – community encourages ... these positive social values at a very young age with these kids. And teaching these kids to respect adults and people that can teach them and protect them from coming to harm to themselves (sic).

Hannah Jackson: "Uh-huh."

Interviewer: "Harm to a family?"

Hannah: "Uh-huh."

Interviewer: "They might do something that might embarrass the family?"

Hannah: "Uh-huh."

Interviewer: "And might do something wrong that the community would – feel hurt at, so the community guides the young children and kind of takes charge."

Hannah: "Uh-huh."

Exploring

Safety for the infant is the prime concern during development. Routine and regular maintenance of family solidarity are provided by close supervision and boundaries set by parents and community members. *John James* illustrates generational involvement with care provision and family solidarity:

Let them know that we're here and we gain their trust. ... I think at a very young age that was exercised in the past. ... Just like when I was very small one of the greatest what I would call medicine was my grandmother's hands, putting her hands on me to reassure that she is there to help me.

Constant monitoring teaches a toddler to make healthy choices during social exchange. Learning prosocial skills and developing appropriate coping behaviors and a social network guides social competence development. *Hannah Jackson* explains: It's community living and if other families or other ... or another individual observes a child ... to be in danger they will step in for the protection of the child. And then report the incident to the parents.... The community will report whatever it is to the parents and it's up to the parents to follow through with whatever consequence that the child needs in order to learn how not to get into problems and later in years. So this type of – this type of care is often real important. If a child gets into continuous problem then the community will get together in the form of a council and address the issue with the parents and also with the child. Or they – we always had the Chiefs.

Social Competence

Figure 2 elaborates further on important components of the concept of social competence as expressed through the participants' narratives. Participants defined social competence through five domains that include (a) individuation, (b) family responsibility, (c) community responsibility, (d) connectivity, and (e) generational connections.

Children are taught to respect their parents and taught respect by their parents. *David Holmes* accepted that the responsibility to teach children family and community values belongs to their parents. He stated "In our family the whole time was teaching, the whole time was important. Between me and my wife we spent our lives with the kids..."

It was close family ties and family values sensitively and well taught that worked together for *John James* to form a personal cognitive web (thought patterns) of family responsibility, community responsibility, connectivity, and generational connection that highlight family values. In the Athabascan tradition he hopes to teach the long-lasting proactive family values to his grandchildren. Remembering his mother, he states: "Well it was mostly with my mother [I spent time while a toddler] and what she taught me ... still lives with me today and this is what I have drawn my children to and my grandchildren."

Evident value as a contributing member of an Athabascan community encouraged the development of prosocial cognitive structures and proactive behaviors. These thought processes and actions further rooted learned family and community social values that ensure community worthiness. Explaining, *John James* states:

We were taught [to honor family and community], to keep that status in honor you have to earn it through these things we're speaking of right now. ... It was a strong vital function, [to] the Native people in each community. ... That they earn the status and they keep it up. (530-536).

Central aspects of an Athabascan personal identity, or individuation, include family and community values passed on from parents and past generations of Elders.

John James states:

When the Native people ... the values of life that they exercised and maintain[ed] and pass[ed] on. And the great teachers are not here with us any more, they're gone.... I always maintain that if I didn't have that experience and that affection and the attention of my family I sure wouldn't be who I am today.

Discussion

These study findings embody the experience of four Athabascan participants. Therefore, the conclusions drawn are relevant to the participants in this study and not necessarily reflective of the experience of other Athabascan people. Three participants were raised subsistence-style in rural Athabascan villages during the late 1920's through the 1930's and 1940's; another participant was raised subsistence-style during the 1950's in a rural Athabascan village. Interviewing the research participants revealed their life experiences through these eras where strong subsistence values were common to Athabascan community members and the present life experiences with their grandchildren.

Through triangulation of each participant's interview data, four categories emerged as important domains in the attachment process that infolded between these adults as caregivers and the young children to whom they became attached. The categories are (1) caregiver sensitivity, (2) trust development, (3) exploring, and (4) social competence.

Offering an alternative point of view to the concept of autonomy development within mainstream attachment theory as articulated by Western psychology, these findings can potentially inform an indigenous model of attachment as embedded in social relations and kinship structures, with the end goal of social competence as an alternative to the autonomy and individuation highlighted by Western attachment models. The potential importance of these findings suggests the need for further research on the phenomenon of attachment in other Athabascan contexts and also suggests a need for

research on attachment in other Alaska Native cultures (Royce-Davis, 2001). The following sections will review the existing literature from a comparative perspective, emphasizing points of agreement and departure from key mainstream attachment theory.

Social Competence as an Outcome of Attachment

As presented in the study's literature review, during identity development from the perspective of Western mainstream psychology, a person moves in the direction of an autonomous, self-directed person, much in accord with Western perspectives on attachment formation, whose goal is the formation of a secure base from which this individual can explore the world and individuate. However, from this point, the Athabascan participants suggest an important departure to mainstream theory, wherein an individual develops social competence embedded within a collectivist orientation of community, rather than developing more primarily as an autonomous, self-directed individual.

Secondary Caregivers

Nuclear family members, other than the primary caregiver, are secondary caregivers in both Western and Athabascan cultures. The collectivist, kinship-based Athabascan communities of rural Alaska function as an extended secure base through close relatives and family relations within an extended family kinship structure. Contributing both to Western individuals' autonomous development and to Athabascan individuals' social competence development is behavior related to (1) caregiver sensitivity, (2) trust development, and (3) social exploring interactions.

Attachment Development

Consistent with phases one and two of attachment development as articulated by Waters, Posada, Crowell, and Lay (1994), and phases one and two of attachment development as described by Bowlby's (1969), an Athabascan infant develops a primary attachment with a sensitive primary caregiver, normally their mother. Ainsworth (1989) describes how the predictable response to an infant's cry by the primary caregiver develops a preference for a particular caregiver. A sensitive communicating interaction and an emotionally connecting rhythm of interaction develops the mother-and-child attachment (Waters, 1994). Athabascan Elder *Sheryl Gray* described this idea of the rhythm of connection and sensitivity through communication and coordinating activities:

Express your sincerity to your kids. Love them. I don't know whose kid it is, just hug them, tell them you love them, which I think is a good idea.

Pick them up, even a baby, hug them and love them. When they cry they always want to eat, feed them. I always fed my kids. How long can you let your kids cry? I never let my kids cry very long, but I let them cry though.

They need their lungs ... Exercise their lung because they need to cry just like when you sing in your language.

Athabascan Elder *Hannah Jackson* tells of an interaction that is worldwide, in which communication happens and a mother's emotionally satisfying experience gratifies her child: "the mother does all the feeding, because they do a lot of breastfeeding in those days." Both *Hannah Jackson* and *Sheryl Gray* illustrate another emotionally satisfying traditional experience that gratifies

a child: *Hannah Jackson*: "The child may be a month old and their food is chewed by the mother." *Sheryl Gray*: "Yeah. You chew it good.... I chew all my food for them, as long as they can swallow."

Trust Development

Trust development, consistent with Waters et al. phases four, five, and six, encourages both Western and Athabascan infants and toddlers to explore, keeping the primary caregiver in close proximity. A slight difference for the Athabascan child was the family also remained close by, with both primary and secondary caregivers ensuring security for their youngest children. In the Western variant of this process, the primary caregiver is more highlighted in this role. In a rural Alaskan Athabascan community, relatives have a responsibility to keep a close watch on all children, ensuring their security and prosocial development. Athabascan Elder *John James* explains: "I would say in raising their family and exercising their responsibility ... That I always maintain that the Native people [have a] strong concern with the family, their immediate family and then their neighbors in the community." A child trusted a relative was always nearby ensuring their safety.

Belongingness

Belongingness to an Athabascan individual is to family and community, typifying the Waters et al. phases seven and eight. Belongingness in the Western culture is also understood in terms of ties to family and community (Pietromonaco, 1997), but a typical Western community does not have a majority population of close relatives wherein community is in many ways defined in terms of kinship structures. Family and

community social values are integrated into an Athabascan individual's identity development. Honoring these social values ensured community acceptance and belongingness.

Athabascan community members are supervised closely and trained by family and community from a very young age to be a responsible and contributing citizen, in many ways through a similar process described by the social learning theory (Goldberg, 1993). As with Western cultural individuals, learning prosocial skills and proactive behaviors is a melding process with Athabascan individuals and "are due primarily to consistency across time in parent-child rearing practices and other environmental contingencies" (Richters, 1991).

Cognitive-Emotional Equilibrium as a Means of Instilling Values

As more experiences are acquired, the child's cognitive organization adapts to facilitate a more complex integration of new knowledge and learning into the existing, developing schemata. Information is also assimilated into similar existing cognitive systems when possible and pragmatic. More information and experiences are integrated through these twin processes of accommodation and assimilation, or aligning change, into the child's cognitive-emotional schemata (Papalia, 1992). Through these processes, and an increasingly complex and differentiated attachment process with the caregiver, and learning through the relationship, a child's cognitive-emotional development finds equilibrium.

Children strive for mental equilibrium between themselves and their environment. The need for equilibrium encourages a child to "shift from accommodation to

assimilation” (Papalia, 1992). *Hannah Jackson* explains an Athabascan community’s supervision, parent’s responsibility to instill Athabascan family and community social values in their child, and the community’s method for encouraging a community member to find cognitive-emotional equilibrium through accommodation and assimilation:

It’s community living and if other families or other ... or another individual observes a child ... to be in danger they will step in for the protection of the child. And then report the incident to the parents.... The community will report whatever it is to the parents and it’s up to the parents to follow through with whatever consequence that the child needs in order to learn how not to get into problems and later in years. So this type of – this type of care is often real important. If a child gets into continuous problem then the community will get together in the form of a council and address the issue with the parents and also with the child. Or they – we always had the Chiefs.

This supervision and training embedded discipline. *John James* makes clear that when discipline is developed and maintained it ensured trust from family and community and ensured an individual’s worthiness “by providing substantial help when needed” in leadership and when asked for material help (Ainsworth, 1989):

Discipline was something that was really, really exercised. That you had to earn that discipline and be recognized that you honored it by doing this and that and when you honor it, there is many ways of holding that trust and responsibility that you gained to be recognized by the community.

Athabascan parents, and past and present generations of Athabascan Elders, have ensured Athabascan family and social values continue to influence an Athabascan individual's identity. Athabascan Elder *John James describes this process:*

When the Native people ... the values of life that they exercised and maintain[ed] and pass[ed] on. And the great teachers are not here with us any more, they're gone.... I always maintain that if I didn't have that experience and that affection and the attention of my family I sure wouldn't be who I am today.

Limitations

Though all participants for this study have each lived a long and fruitful life, four participants for an attachment study provides a limited number of life experiences from which to draw cultural conclusions. Therefore, conclusions from this study represent their four life experiences, and do not necessarily reflect the life experiences of the large population of Interior Alaskan and Canadian Athabascan peoples. Participants from one rural Athabascan Alaska community would provide a more detailed and specific description of attachment development and its components in one specific community than that drawn from the data in this study, drawn from members of several different communities.

This study interviewed older adults and Elders. Collaboration with a community necessarily includes individuals from a more full age range, including youth to Elder. For this study, one research participant was over fifty years old and three were over sixty years old. A sample of wider age ranges may change the focus from researching a social

phenomenon to exploring how the role of the social phenomenon “contributes to the hopes and [objectives] of family and community participation (Royce-Davis, 2001).

Individuals may structure their experiential narrative in terms of family and community participation in relation to their past experiences and their personal beliefs of social competence. These individual perceptions and social and situational conditions integrate to form and influence their thoughts of family and community participation in child development (Royce-Davis, 2001). Therefore, the four research interviews are subjective personal experiences.

Suggestions for Future Research

Findings from this research study suggest a culturally grounded alternative model to the developmental process of attachment between a primary caregiver and a child. This attachment process was grounded in participant interview data and included three conceptual components, caregiver sensitivity, trust development, and exploring, that lead to an endpoint of social competence, not autonomy.

An alternate point of view to the mainstream concept of autonomy as articulated by Western psychology emerged from the data. This has the potential to add information to a future formation of an indigenous model of attachment that is embedded in social relations and kinship structures, with a developmental goal of social competence within family and community social structures.

Future research can explore the attachment process across a full age group, Athabascan infant to Athabascan Elder, with full community participation, using an Athabascan researcher formally educated and mentored by an experienced social

researcher. Findings would possibly provide validation for this present research project. The findings would provide data with more social relations and kinship structure depth because an Athabascan Elder would naturally trust another Athabascan who is asking questions developed to research the attachment process between primary caregiver and child.

Conclusions

The findings of this study indicate an Athabascan individual participates in community social interactions at many levels. A person within this context often develops attachments community-wide, along with different levels of trust for different related individuals. If a community member chooses professional services, provided services should be compatible with the understanding and “expectations of community of that individual.” A client’s significant relationships are a significant role and encourage the understanding of community for that individual. Future research can explore how an individual uses professional social services to afford a fuller community participatory experience (Royce-Davis, 2001).

In researching Athabascan attachment, four concepts emerged from the interview data, (1) caregiver sensitivity, (2) trust development, (3) exploring, and (4) social competence. The attachment process described by the Athabascan participants paralleled the mainstream attachment process articulated by Western psychology until the individual’s development as an autonomous, self-directed individual. It is at this point of secure base development that an Athabascan individual’s social development departs from the attachment process as described by Western psychology, instead having been

trained to be an integral member of the rural Alaskan community as a contributing member of a child's family and community secure base the Athabascan individual develops social competence.

References

- Adams, D. W. (1995). *Education for extinction: American Indians and the boarding school experience - 1875-1928*. Lawrence, KS: University Press of Kansas.
- Ainsworth, M. D. S. (1989). Attachments beyond infancy. *American Psychologist*, 44, 709-716.
- Benoit, D. & Parker, K. H. (1994). Stability and transmission of attachment across three generations. *Child Development*, 65, 1444-1456.
- Bowlby, J. (1969). *Attachment and loss: Volume I - attachment*. New York: Basic Books.
- Bowlby, J. (1979). *The making & breaking of affectional bonds*. London: Tavistock Publications.
- Cowan, P. A., Cowan, C. P., Cohn, D. A., & Pearson, J. L. (1996). Parents' attachment histories and children's externalizing and internalizing behavior: Exploring family systems models of linkage. *Journal of Counseling and Clinical Psychology*, 64, 53-63.
- Davis, M. H., Morris, M. M., & Kraus, L. A. (1998). Relationship-specific and global perceptions of social support: Associations with well-being and attachment. *Journal of Personality and Social Psychology*, 74, 468-481.
- Freud, A. (1955). *Safeguarding the emotional health of our children: An inquiry into the concept of the rejecting mother*. New York: Child Welfare League of America.
- Goldberg, S. (1993). Early attachment: A passing fancy or a long term affair? *Canadian Psychology*, 34, 307-314.
- Helping the drug exposed child to bond (1997). *Best of attachments*. Evergreen, CO:

Attachment Center.

James, B. (1994). *Handbook for treatment of attachment-trauma problems in children*.

New York: The Free Press.

Jerabek, I. (1996). Are you too anxious?: Anxiety inventory. Retrieved June 4, 2003,

from http://www.queendom.com/tests/health/anxiety_r_access.html

John, P. (1996). Ch'eghwtsen-the true love. In D. J. Krupa (Ed.), *The Gospel According to Peter John*. Fairbanks: Alaska Native Knowledge Network.

Leeds-Hurwitz, W. (1993). *Semiotics and communication: Signs, codes, cultures*.

Hillsdale, NJ: Laurence Erlbaum Associates.

Levy, K. N., Blatt, S. J., & Shaver, P. R. (1998). Attachment styles and parental representations. *Journal of Personality and Social Psychology*, 74, 407-419.

Maccoby, E. E. (1980). *Social development: Psychological growth and the parent-child relationship*. New York: Harcourt Brace Jovanovich.

Maier, H. W. (1994). Attachment development is "in". *Journal of Child and Youth Care*, 9, 35-51.

McKenna, R. A. (1965). *The Chandalar Kutchin*. Calgary: The Arctic Institute of North America.

Napoleon, H. (1996). *Yuuyaraq: The way of the human being*. Fairbanks: Alaska Native Knowledge Network.

Nelson, R. K. (1973). *Hunters of the northern forest: Designs for survival among the Alaskan Kutchin*. Chicago: University of Chicago Press.

Nelson, R. K. (1986). Raven's people. In J. S. Aigner, R. D. Guthrie, M. L. Guthrie, R. K.

- Nelson, W. S. Schneider, & R. M. Thorson (Eds.), *Interior Alaska: A journey through time*. Anchorage: The Alaska Geographic Society.
- Papalia, D. E., Olds, S. W., & Feldman, R. D. (2001). *Human development*, (8th ed.). New York: McGraw-Hill.
- Parker, G. B., Barrett, E. A., & Hickie, I. B. (1992). From nurture to network: Examining links between perceptions of parenting received in childhood and social bonds in adulthood. *American Journal of Psychiatry*, 149, 877-885.
- Pickle, P., & Allred, D., (n.d.). A matter of the heart. *Best of attachments*. Evergreen, CO: Attachment Center.
- Pietromonaco, P. R., & Barrett, L. F. (1997). Working models of attachment and daily social interactions. *Journal of Personality and Social Psychology*, 73, 1409-1423.
- Randolph, E. (1997). *Children who shock and surprise: A guide to attachment disorders*. Evergreen, CO: PDQ Printing.
- Randolph, E. (1997). Manual for the Randolph attachment disorder questionnaire (RADQ). *Best of attachments*. Evergreen, CO: Attachment Center.
- Randolph, E., (n.d.). The neurological connection in attachment disordered children. *Best of attachments*. Evergreen, CO: Attachment Center.
- Randolph, E., (n.d.). When does maltreatment cause attachment disorder? *Best of attachments*. Evergreen, CO: Attachment Center.
- Rathus, S. A. (1993). *Psychology: fifth edition*. New York: Harcourt Brace College Publishers.
- Richters, J. E., & Waters, E. (1991). Attachment and socialization: The positive side of

- influence. In M. Lewis & S. Feinman (Eds.), *Social influences and socialization in infancy (Genesis of behavior series, 6)*. Retrieved August 2, 1999 from <http://www.psychology.sunysb.edu/ewaters/reprints/socializ/soc9.htm>
- Ricks, M. H. (1985). The social transmission of parental behavior: Attachment across generations. In I. Bretherton & E. Waters (Eds.), *Growing points of attachment theory and research*, 50(1-2, Serial No. 209). Monographs of the Society for Research in Child Development.
- Royce-Davis, J. C. (2001). It's the day-to-day living that matters: The meaning and process of community in the lives of a couple with significant psychiatric disabilities. *American Journal of Community Psychology*, 29, 807-832.
- Schneider, E. L. (1991). Attachment theory and research: Review of the literature. *Clinical Social Work Journal*, 19, 251-266.
- Sherick, I. (1983). Anna Freud's views on the role of the mother in early child development and psychopathology. *The Bulletin of the Hampstead Clinic*, 6, 277-286.
- Smith, L. M., Hill, E. W., & Mullis, R. L. (1998). Relational perceptions in mother-daughter attachments. *Marriage & Family Review*, 27, 37-49.
- Stauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Thousand Oaks, CA: Sage Publications.
- Toth, S. L., & Cicchetti, D. (1996). Patterns of relatedness, depressive symptomatology, and perceived competence in maltreated children. *Journal of Counseling and*

Clinical Psychology, 64, 32-41.

Ward, M. J., Kessler, D. B., & Altman, S. C. (1993). Infant-mother attachment in children with failure to thrive. *Infant Mental Health Journal*, 14, 208-220.

Waters, E. (1998). Culture and attachment. *Contemporary Psychology*, 43, 120-121.

Waters, E., Posada, G., Crowell, J., & Lay, K. L. (1994). The development of attachment: From control system to working models. *Psychiatry*, 57, 32-42.

Waters, E. (1981). Traits, behavioral systems, and relationships: Three models of infant-adult attachment. In K. Immelmann, G. W. Barlow, L. Petrinovich, & M. B. Main (Eds.), *Behavioral development*, (pp. 622-650). Cambridge: Cambridge University Press.

Appendices

Appendix A: Jean Piaget's Stages of Cognitive Development.....	92
Appendix B: Interview Questions.....	93
Appendix C: Response to IRB Criteria.....	96
Appendix D: Letter of Introduction to Research Participant.....	98
Appendix E: Consent to Participate Form.....	99

Appendix A

Piaget's Stages of Cognitive Development (Rathus, 1993, 401, Direct quote).

<u>Stage</u>	<u>Approximate age</u>	<u>Description</u>
Sensorimotor	Birth - 2 years	Behavior suggests that child lacks language and does not use symbols or mental representations of objects in the environment. Simple responding to the environment (through reflexive schemes) draws to an end, and intentional behavior - such as making interesting sights last - begins. The child develops the object concept and acquires the basics of language.
Preoperational	2-7 years	The child begins to represent the world mentally, but thought is egocentric. The child does not focus on two aspects of a situation at once and therefore lacks conservation. The child shows animism, artificialism, and immanent justice.
Concrete operational	7-12 years	The child shows conservation concept, can adopt the viewpoint of others, can classify objects in series (for example, from shortest to longest), and shows comprehension of basic relational concepts (such as one object being larger or heavier than another).
Formal operational	12 years and above	Mature, adult thought emerges. Thinking seems to be characterized by deductive logic, consideration of various possibilities before acting to solve a problem (mental trial and error), abstract thought (for example, philosophical weighing of moral principles), and the formation and testing of hypotheses.

Appendix B

Interview questions

1. In Athabascan terms, how is it appropriate to express affection?
 - a. How do you tell them you love them? Pick up and cuddle?
 - b. When they cry, what do you do?
 - c. How long does one let a child cry? Before soothing them?
 - d. What are gender differences in the showing of affection to and affection development? If so, why?
2. What are appropriate feeding behaviors?
 - a. How do you feed them? Does the parent do some of the work or does the child do it all?
 - b. Is a schedule used feeding times? Or is the child allowed to eat whenever hungry?
 - c. How do men feed the children? And how often?
 - d. When is a meal over for a child?

3. How early is independence defined?
 - a. How is permission asked for to pick up a baby? And granted? Does a person wait cautiously, expectantly, etc.?
 - b. Do you let anybody pick up your baby? Why?
 - c. Who is allowed to care for the baby? And why?
 - d. How do children respond to alternate caregivers (outside of immediate family)? Why? How long does it take for the child to get used to new babysitters? Why?
 - e. How is a child expected to respond to strangers? New people or people outside the family? Why?
 - f. Are there differences in the level of independence for genders? If so, why?
4. How much quality time is spent with a child? Why?
 - a. How does a 3-4 year-old respond when the primary caregiver returns?
 - I. After one hour, one day, one week?
 - b. Are there differences in gender response for needing the primary caregiver? If so, what are they?
 - c. Do differences exist in response to the return of a primary caregiver? If so, what are they?
 - d. Is more time spent with one gender than the other? If so, why?
5. Are there different ages when specific activities are allowed? Why?
 - a. Different activities for genders? Why?

6. Sleeping arrangements with children?

- a. How do you put a 3-4 year old child to bed? (I.e. tell them stories, read, tuck them in, etc.)
- b. Do you allow them to sleep with you? If ever?
- c. Do they sleep with other children?

Are there gender differences in children bedtime preparations? Why?

Appendix C

Lester Keller

Dr. Jim Allen, Thesis Committee Chair

Response to IRB Review Criteria

Proposal Title: Alaska Native Attachment: A Qualitative Study with Four Athabascan Participants

A. Risks to the subjects are minimized in the following manner:

1. Anonymity is ensured by not reporting the individual interviewee's names.

There are no foreseeable risks involved.

2. This research is exploratory in nature. Results will be made available to whomever will be doing further research on Alaska Native Parent-Child Attachment.

3. Subjects for participation in the survey will be chosen from psychologically healthy parents among the Athabascan of Interior Alaska.

4. Research subjects will sign an informed consent statement before answering interview questions. All risks and benefits will be explained during the informed consent process.

5. All informed consents will be turned in to Dr. Allen upon completion of the analysis and the raw data will be kept in locked and secure files.

6. While being analyzed, the collected data (recorded tapes and transcriptions) will be kept in a locked filing cabinet. Following the data analysis, it will be kept

for five (5) years in the University of Alaska Psychology Department.

- b. Research participant selection is from the Athabascan population of Interior Alaska,
see Participants section on page 55.

Appendix D

19 August 1998

Letter of Introduction to the Participant in the Athabascan Attachment Study from Lester Keller, University of Alaska at Fairbanks Community Psychology Graduate Student.

This Athabascan Attachment Study is in partial fulfillment of a requirement for my Master's Degree in Community Psychology at the University of Alaska at Fairbanks, Alaska. My Thesis Committee Members are: Committee Chair is Dr. Jim Allen, Director of Graduate Community Psychology Program; Dr. Cecile Landon, Graduate Community Psychology Program Professor; and Dr. Phyllis Fast, Director of Alaska Native Studies Program.

The purpose of this study is to research similarities and possible differences between defined Western attachment theory and Athabascan Mother-child attachment defined through an interview process.

Thank you for participating in this study.

Lester Keller

Graduate Student, Psychology

University of Alaska - Fairbanks

Appendix E

Consent to Participate

The attachment information you provide is to be used in a confidential manner for a study. Your responses are completely voluntary and only the researcher will have access to the information you provide. Should you wish to end your participation in this research you are free to do so. Your interview answers and discussion will further the completion of this study and it is appreciated.

The research interview will be recorded and transcribed. During analysis these will be kept in a locked filing cabinet at the home of Lester Keller. Upon completion of the analysis, these will be kept in a filing cabinet in a locked UAF Psychology Department filing room. Should any further Alaska Native Parent-Child attachment research occur within the next five years and the recorded tapes and transcriptions be requested, Dr. Allen will have charge of the decision for another Psychology researcher to use the data. A copy of the completed research study, which will not include the transcribed interview, will always be available to view at the Department of Psychology at the University of Alaska at Fairbanks, Alaska.

There are no foreseeable risks for participating in this research. The benefits of participation are a better understanding of how attachment is understood by Athabascan adults. This study could benefit future research efforts in the cross-cultural study of attachment.

The interview generally can be completed in less than 60 minutes. This project is conducted by Lester Keller, a Graduate Student in Community Psychology at the University of Alaska at Fairbanks (UAF). This project is in fulfillment of partial requirements for a Master's Degree in Community Psychology. My Thesis Committee Members are Dr. Jim Allen, Committee Chair; Dr. Cecile Landon, Graduate Community Psychology Program Professor; and Dr. Phyllis Fast, Director of Alaska Native Studies and Athabascan. This project has been approved by the University of Alaska at Fairbanks Institutional Review Board.

If you have any questions please contact at UAF Dr. Jim Allen, Professor of Psychology and Graduate Community Psychology Department Director, or Dr. Charles Geist, UAF Institutional Review Board Chair at the UAF Gruening Building Psychology Department, 7th Floor, or call 907-474-7007.

By signing this consent form and participating in the interview you volunteer to participate in this study. You may also keep a copy of the consent form for future reference.

Participant and date

Thank you for participating in our research project.

Lester Keller
Psychology Graduate Student
UAF Fairbanks